



AN ANALYSIS OF FUTURE NEED FOR NURSING HOME BEDS IN MARYLAND: 2010

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EXECUTIVE SUMMARY

Introduction

Long term care services are of increasing interest for several reasons. The emergence of a large population cohort, combined with improvements in life expectancy, will increase demand for services. This aging generation is, on average, better educated, healthier, and has more income than its predecessors, and will demand more accountability. Long term care services are expensive to provide. In Fiscal Year 1998 Maryland Medicaid spent \$594 million on nursing home care; by Fiscal Year 2004, this had risen to \$907 million. Finally, there is a growing focus on improving the quality of care. The introduction of the federal minimum data set (MDS) in 1998 for all nursing homes makes comparisons of care among facilities easier. Nursing home report cards on both the federal and state levels make information on quality of care readily accessible to the public. Increasing pressures on both the state and federal levels to reduce costs while improving quality make long term care increasingly more difficult and challenging to provide.

This document, *An Analysis of Future Need for Nursing Home Beds in Maryland: 2010* has been prepared to assist the Commission in the process of updating this chapter of the State Health Plan by: (1) providing background information on nursing home services in Maryland; (2) identifying key issues involved in projecting the future need for nursing home beds; (3) examining the impact of alternative policy assumptions on future nursing home bed need; and (4) providing a framework for the Commission to obtain public comments on key policy issues prior to updating the State Health Plan.

Profile of Maryland Nursing Homes

As of August 1, 2005, there were **238** nursing homes with a total of **30,053** beds. Of the total beds, **28,465**, or **95** percent, are licensed and available for patient care. In addition, there are **150** Certificate of Need-approved beds (having a Certificate of Need, but not yet licensed and operational), **436** waiver beds (having a waiver from Certificate of Need to add 10 beds or 10 percent, but not yet licensed), and also **1,002** temporarily delicensed beds (having permission from the Commission to hold certain beds off-line for a set period of time) included in the Commission's total bed count.

Licensed nursing home beds are located in several types of facilities, including hospital-based skilled nursing facilities, continuing care retirement communities, as well as freestanding nursing facilities.

Although assisted living is not regulated by the Commission under its Certificate of Need program, it is an area of interest because of its impact on utilization of nursing home services. The Commission collects data from all assisted living programs that have more than 10 beds. Although the data presented in this Report indicate that the number of assisted living beds has grown by 11 percent between 2000 and 2003, this probably understates the actual growth. Much

of the increase in assisted living programs has been in the smaller assisted living facilities of 10 beds or less that is not included in this data.

Adult Day Care Services are designed to be an alternative to nursing home care. Based on the data collected by the Maryland Medicaid program, the number of persons served in Medical Day Care has increased 37 percent from 4,423 persons in 1998 to 6,072 persons served in 2004. During the same time period, days of service increased by 40 percent and payments increased by 58 percent.

Major Issues Affecting Bed Need

One major factor impacting bed need is the demographic imperative. Growth of the older population will accelerate over the next several decades due to the aging of the baby boom generation, those born between 1946 and 1964. Between 2000 and 2020, the share of persons aged 50 and over in the U.S. population is projected to rise from 27.3 percent to 35 percent, and the share of persons aged 65 and older from 12.4 percent to 16.3 percent. The older population will not be financially supported by as many working younger people as was the case in the past. On the other hand, the older population has more resources than its predecessor cohorts. Although racial disparities still exist among the elderly, overall the cohort is healthier and wealthier than earlier generations. This means that they can afford, and demand, a greater array of services.

Other critical factors are the increases in life expectancy and reduced levels of disability. A recent report from the Centers for Disease Control and Prevention (CDC) finds that life expectancy at birth reached an all-time high in 2002 of 77.4 years, up from 77.2 in 2001. Life expectancy at age 65 increased for men to 16.6 (total of 81.6 years) and for women to 19.5 (total of 84.5 years). Nationally, 9.5 percent of adults age 65 and older have physical, mental, or emotional conditions lasting six months or more that make it difficult to perform basic activities of daily living. The rate in Maryland is very close to the national average with 9.1 percent having these limitations. Disability rates among older people are declining. The average annual decline in the proportion of people age 65 or older with any disability ranged from 0.92 percent to 1.55 percent.” Of those elderly with long term care needs, only one-quarter live in nursing homes.¹ It appears, however, that those in nursing homes are sicker and more dependent.

Most surveys of older adults show an overwhelming preference to receive long term care services at home. While there is increasing utilization of nursing homes on a short-term basis, post-acute hospitalization and often for short-term rehabilitation, the more traditional residential care utilization is declining. From 2001-2003 while use rates among the 0-64 age group increased by 13 percent, the use rates among those aged 85 and older declined by seven percent. There was also a decline of three percent (during the same time period) in use rates by those aged 75-84. Since there is increasing nursing home utilization with increasing age, the decline in use rates among the oldest age groups has a major impact on the projected need for nursing home beds.

¹ Summer, Laura and Ihara, Emily. “State-Funded Home and Community-Based Service Programs for Older People”, AARP Public Policy Institute, October, 2004.

Occupancy rates in nursing homes show a similar decline. Statewide, the occupancy rate in nursing homes has declined from 91.03 percent in 1996 to 88.24 percent in 2003². During the same time period, the number of patient days decreased from 9,599,452 to 9,346,287. A factor that helped to stabilize the decline in occupancy rates was the introduction of regulations on temporarily delicensed beds. As will be described in more detail in Part IV, these regulations resulted in the removal of 2,587 beds from the health care system between 1997 and 2004. Occupancy rates would be even lower if these beds had not been removed from the system.

Another factor is economics, the cost of providing long term care services. Historically, the fact that Medicaid provided fuller coverage in a nursing home rather than in the community was seen as an “institutional bias”. While this institutional focus still exists, there have been efforts made to increase support for community-based services. Although the dollar amounts for nursing homes still exceed home and community-based services, the proportion of Medicaid’s long term care spending for nursing homes has declined from 68 percent to 56 percent, while spending for home and community based services has increased from 32 percent to 44 percent. Long term care spending during this time period has ranged from 28 percent to 31 percent of total Medicaid health care spending. The average annual growth of nursing home payments has been 8.7% from 1998 to 2004, as compared to an average annual growth of 27% for home and community-based services.

Nursing Home Utilization in Maryland: An Overview

Projecting future need for nursing home services is a complex task that must take into account a variety of factors. Some background factors include changes in reimbursement, financial pressures on state budgets, and increasing demand for consumer directed care. In addition, there are several variables in Maryland that are used to forecast bed need. These include: trends in utilization; trends in population growth or decline; migration patterns, both within Maryland and from neighboring states into Maryland; trends in the development of community-based services; and the predictions of the possible impact of these factors on future nursing home utilization.

Some observations from the data are as follows:

- Use rates for ages 0-64 increased by 13% between 2001 and 2003;
- Use rates for the 85+ age group decreased by 7% between 2001 and 2003;
- Retention rates for 2003 range from 47.51% (Howard County) to 96.52% (Washington County); this measure refers to the proportion of patients served by nursing homes in their county of residence;
- Statewide occupancy rates have declined from 94.10% in 1992 to 88.46% in 2002; 2003 occupancies by jurisdiction range from 72.73% in Howard County to 94.52% in Allegany County;

² 2003 occupancy data based on preliminary unpublished MHCC data.

- Between 1997 and 2004, a total of 2,587 temporarily delicensed beds were removed from the health care system; if these beds had not been removed, the occupancy rates would have declined even further;
- From 2001 to 2003, the Maryland population aged 85 and older increased by 12%; from 2003 to 2010, this age group is projected to increase by 38%. The second largest growth will be in the group aged 65-74, which is projected to grow by 23% between 2003 and 2010.
- The ratio of nursing home beds to population aged 75+ has decreased from 111.38 in 2003 to 104.76 in 2005. These ratios declined in every jurisdiction in Maryland between 2003 and 2005;
- Neighboring states (Delaware, Pennsylvania, West Virginia, Virginia, and the District of Columbia) show less growth in the 85+ age group than is projected for Maryland. Delaware is projected to have a 31% increase in 85+ between 2003 and 2010; Virginia is projected to have a 29% growth in 85+ during the same time period. Maryland's 85 and older group is projected to increase by 38 percent;
- Bed increases peaked between 1995 and 1996 and then declined or stayed steady since 1996. Private pay patient days declined for each time period between 1990 and 2003. Medicaid patient days increased between 1990 and 1995, and then decreased both from 1995 to 2000 and from 2000 to 2003. "Other Payment Sources", which includes Medicare, increased as a source of payment by 54.4 % from 1990 to 1995, by 32.3% from 1995 to 2000, and by 30.3 % from 2000 to 2003.

Examination of Alternative Options for Projecting Nursing Home Bed Need

In developing projections for nursing home bed need, the Commission considers several types of variables, including: demographic, health status, and reimbursement factors, as well as trends in utilization, retention, occupancy, and population growth. This projection is important since it becomes part of the State Health Plan for Facilities and Services, which is a State regulation that governs the Certificate of Need program. Beds that are approved through the Commission's Certificate of Need program are then developed and implemented throughout the State. Since about 60 percent of patient days are paid for by the Maryland Medicaid program, these projections have an impact on the State budget. In this section, the current methodology as well as several alternative options will be discussed. Nursing home bed need is projected to 2010.

The current methodology has certain assumptions about past patterns of utilization and how they affect the future need for nursing home beds. It uses a three-year average utilization rate to adjust for annual variations in utilization. It applies a migration adjustment that returns half of the out-migration to the area of origin for those jurisdictions in which the retention rate is less than 80 percent and utilization is greater than the 33rd percentile for that age group. A

community-based services adjustment removes certain patient days for those who, on admission, are light care, continent, and are not cognitively impaired.

Alternate options for forecasting bed need are offered in this chapter. Using the current methodology, bed need is projected for 10 jurisdictions; it projects net need over 100 beds in four jurisdictions: Charles (114), Prince George's (106), St. Mary's (134) and Harford Counties (107). Overall, the current methodology projects a net bed need of 638 beds statewide.

Under Option 2, a constant use rate replaces the three-year average. Under this option, bed need is projected in 10 jurisdictions, with two jurisdictions having net need over 100 beds: Charles (104), and St. Mary's (123). This option has a statewide projected net need of 502 beds.

Using Option 3, the constant use rate is reduced by 5 percent to account for future reductions in nursing home utilization. This option projects bed need in six jurisdictions, projects net bed need over 100 beds in only one jurisdiction (St. Mary's), and projects a statewide net need of 286 beds.

Option 4 eliminates the migration adjustment from the current methodology. This option projects net need in seven jurisdictions. One jurisdiction (St. Mary's) has net need over 100 beds. The net projected statewide bed need under Option 4 is 523 beds.

Finally, Option 5 uses a new approach. It applies a regression model to forecast nursing home patient days based on several variables, including jurisdictional population by age group, time trend from the base year, hospital discharges with a primary diagnosis of stroke, hip fracture, heart failure, or dementia per million population. This option projects net need in 15 jurisdictions, with net need over 100 beds in three jurisdictions: Charles (111), St. Mary's (162), and Harford (115). The statewide net need under this option is 871 beds.

Several observations may be made about the jurisdictions that show significant net bed need in the above options:

- They have higher than average growth in use rates from 2001-2003 in one or more age groups;
- They have consistently high occupancy near or above 90 percent from 1992 to 2002;
- Most significantly, they exceed the rate of population growth from 2003 to 2010 in nearly all age groups.

These options are presented to encourage discussion of various approaches. It should be noted that although a number of options are offered, this is by no means an exhaustive list. This is a range of options that are presented to stimulate discussion about issues surrounding nursing home bed need.

INTRODUCTION

Background

Long term care services are of increasing interest for several reasons. First, the aging of the baby boom generation, those born between 1946 and 1964, means that there will be a growing elderly population in the future. The emergence of a large population cohort, combined with improvements in life expectancy, will increase demand for services. Second, this aging generation is, on average, better educated, healthier, and has more income than its predecessors. This generation of elders will demand a broader range of services as well as greater accountability. Third, long term care services are expensive to provide. In Fiscal Year 1998, the Maryland Medicaid Program spent \$594 million on nursing home care; by Fiscal Year 2004, this had risen to \$907 million.³ Finally, there is a growing focus on improving the quality of care. The introduction of the federal minimum data set (MDS) in 1998 for all nursing homes makes comparisons of care among facilities easier. Nursing home report cards on both the federal and state levels make information on quality of care more accessible to the public. Increasing pressures on both the state and federal levels to reduce costs while improving quality make long term care increasingly more difficult and challenging to provide.

The *State Health Plan for Facilities and Services: Long Term Care Services* has included standards and policies, as well as need projections for nursing home services, since 1979. The current chapter (COMAR 10.24.08) addresses nursing homes, home health agencies, and hospice agency services. Projections of the need for nursing home beds are made in the context of the development of other community-based services that have an impact on need and utilization. Although the impact of alternative services is taken into account, the focus in this document is exclusively on nursing home services.

Purpose of the Report

During the next year, the Maryland Health Care Commission will update the State Health Plan for Long Term Care Services. This document, *An Analysis of Future Need for Nursing Home Beds in Maryland: 2010* has been prepared to assist the Commission in the process of updating this chapter of the State Health Plan by: (1) providing background information on nursing home services in Maryland; (2) identifying key issues involved in projecting the future need for nursing home beds; (3) examining the impact of alternative policy assumptions on future nursing home bed need; and (4) providing a framework for the Commission to obtain public comments on key policy issues prior to updating the State Health Plan.

In identifying and examining the impact of alternative policy assumptions, it is the intent of this report to encourage public discussion and debate in shaping the policy direction of the Commission. While the report does examine alternative approaches for projecting bed need, it is important to recognize that the alternatives defined represent neither the staff recommendation, nor the full range of policy options that potentially will be considered in the process of updating the bed need projections. One purpose of this report is to stimulate discussion of alternative

³ State of Maryland, DHMH, Office of Planning and Finance. Data run September 15, 2004.

options. It is the expectation of the Commission that the public comment process will identify additional policy options and approaches that merit consideration.

Data Sources Used to Project Future Nursing Home Bed Need

The Omnibus Reconciliation Act of 1987 mandated the use of a standardized, comprehensive and reproducible assessment process. This assessment process has been a condition of participation in the Medicare and Medicaid programs since October 1990. Federal regulations published in the December 23, 1997 Federal Register further required nursing homes to not only complete resident assessments, but also to electronically transmit the minimum data set (MDS) data to a state agency. Furthermore, facilities were required to submit discharge and re-entry data tracking forms in order to track residents during their stay. These requirements were effective for all assessments completed on or after June 22, 1998.

Maryland has been collecting long term care data via its Long Term Care Survey since the 1980s. The Maryland Long Term Care Survey contained both facility-specific and resident-specific data elements. With this major change in federal reporting requirements, there was a concomitant change in state reporting as well. The changes on the federal level provided the Commission with an opportunity to streamline the Long Term Care Survey as well as to have a database that permits national data comparisons. With the introduction of the MDS at the federal level and the requirement for electronic transmission beginning in 1998, the Commission modified its Long Term Care Survey to collect only facility-specific data. The rest of the long term care data is derived from the MDS. Although there is significant overlap, the databases are not entirely consistent in the way questions are asked or how data elements are defined. Efforts have been made to make the data elements as comparable as possible. Since the transition from the Long Term Care Survey to the MDS as the major data source began in 1999, the data reported in this report generally start at 1999 or later so as to compare data from the same source. The only exceptions are those data elements such as occupancy or population, which are obtained from sources other than the MDS.

Organization of the Report

This report is organized into five major sections and a series of three appendices. Following this Introduction, the second part of this report contains an overview of nursing home services in Maryland. This also includes a profile of alternative services including assisted living and adult day care. The third section focuses on the major issues affecting nursing home bed need. The next section is an overview of nursing home utilization in Maryland showing the trends in utilization. In the final section, alternative options for projecting nursing home bed need are examined. Following the text are three Appendices: Appendix A includes background information used in the methodologies, including trends in use rates, population growth, occupancy and retention rates; Appendix B displays the complete data underlying the nursing home bed need projections under each of the options; and Appendix C includes data profiles for each jurisdiction as well as for the entire State.

Invitation for Public Comment

The Commission invites all interested organizations and individuals to participate in the process of updating the State Health Plan for Long Term Care Services. This document will be distributed to all nursing homes, nursing home associations, and other interested parties. In addition, it will be posted on the Commission's website at www.mhcc.maryland.gov. Please be as specific as possible in suggestions for changes. Written comments on this report should be submitted no later than January 9, 2006 to:

Pamela W. Barclay
Deputy Director, Health Resources
Maryland Health Care Commission
4160 Patterson Avenue
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FAX: 410-358-1311

We would also appreciate receiving a copy of your written comments in pdf format, addressed to pbarclay@mhcc.state.md.us.

LONG TERM CARE SERVICES IN MARYLAND: OVERVIEW

Profile of Maryland Nursing Homes

As of August 1, 2005, there were **238** Maryland nursing homes with a total of **30,053** beds. Of the total beds, **28,465**, or 95 percent, are licensed and available for patient care. In addition, there are **150** Certificate of Need-approved beds, **436** waiver beds, and **1,002** temporarily delicensed beds.

Licensed nursing home beds have received a comprehensive care facility (CCF) or extended care facility (ECF) license from the Office of Health Care Quality (OHCQ) under COMAR 10.07.02. The beds at such facilities have either received a Certificate of Need (CON), or have been grandfathered into the program because they pre-dated the CON program. **CON-approved** beds have received a Certificate of Need from the Maryland Health Care Commission (or its predecessor agency the Maryland Health Resources Planning Commission) by meeting all of the appropriate standards under COMAR 10.24.01 (Certificate of Need regulations) as well as COMAR 10.24.08 (the State Health Plan chapter that addresses long term care services). CON-approved beds are approved for future development, but are not yet licensed. **Waiver** beds are those approved for establishment under COMAR 10.24.01.02A (3) a. Waiver beds generally involve an increase in capacity of 10 beds or 10 percent, whichever is less; these beds are also not yet licensed for patient care.

Temporarily delicensed beds have been granted permission by the Commission to remain “off line” (out of service) usually for a period of one year, pending plans to delicense the beds permanently, re-implement, or transfer ownership of the bed capacity. While these beds are removed by OHCQ from the license for that facility, they are maintained in the Commission’s inventory, pending plans to delicense or otherwise use the beds. The rules regarding temporarily delicensed beds were established by the Commission in 2001 and are found in COMAR 10.24.01.03C.

As illustrated in Table 1 below, both licensed beds and waiver beds increased from 1990 to 2000, while CON-approved beds decreased during that time period. During the time period of 2000 to 2005, all categories of beds decreased. While total beds increased by nearly nine percent between 1990 and 2000, they decreased by nearly eight percent from 2000 to 2005.

**Table 1: Changes in Nursing Home Bed Capacity by Type:
Maryland 1990, 2000, 2005**

Year	Licensed Beds	CON-Approved Beds	Waiver Beds	Temporarily Delicensed Beds	Total Beds
1990	26,894	2,626	504	NA	30,024
2000	30,300	511	578	1,205	32,594
2005	28,465	150	436	1,002	30,053
% Change 1990-2000	+12.66%	-80.54%	+14.68%	--	+8.55%
% Change 2000-2005	-6.06%	-70.65%	-24.57%	-16.85%	-7.80%

Source: MHCC Certificate of Need Database 1990, 2000, 2005.

Licensed nursing home beds are located in several types of facilities, including hospital-based skilled nursing facilities, continuing care retirement communities, as well as freestanding nursing facilities.

Continuing care retirement communities (CCRCs) refers to communities, usually including independent living units, assisted living units, and nursing homes, regulated by the Maryland Department of Aging under Maryland Code Annotated, Article 70B and COMAR 32.02.01. To distinguish such communities from senior housing complexes and other types of living arrangements for seniors, a community must meet the following definition for certification as a CCRC:

"Continuing care" means furnishing shelter and services to the public under all the following conditions:

(a) Services consist of shelter plus health services;

(b) Health services provided shall include at least one of the following services:

(i) Medical and nursing services; (ii) A formal arrangement between the provider and a nursing home by which the nursing home grants priority to subscribers for admission to the nursing home; or (iii) Assistance with the activities of daily living other than the provision of meals;

(c) Services may be paid for by the following methods:

(i) An entrance fee in advance of receipt of services; (ii) Regular periodic charges which guarantee health services whenever needed; (iii) Purchase of services at the option of the subscriber as services are needed; or (iv) Any combination of the arrangements in §B(11)(c)(i)—(iii) of this regulation;

(d) Services are offered to individuals who are:

(i) 60 years old or older, and (ii) Not related to the provider by blood or marriage;

(e) Services are offered for:

(i) The life of the subscriber, or (ii) A period in excess of 1 year; and

(f) Services are offered under a written agreement that may require periodic charges and shall require:

(i) A transfer of assets from the subscriber to the provider; (ii) An entrance fee, or (iii) Both a transfer of assets and an entrance fee.

The nursing home beds in CCRCs are also regulated under the Commission's Certificate of Need (CON) program (COMAR 10.24.01) and under planning regulations (COMAR 10.24.08). If a CCRC applies for and successfully obtains a CON for nursing home beds, it can serve both its own enrolled residents as well as the general public. However, CCRCs can also obtain nursing home beds without CON review under COMAR 10.24.01.03K. To qualify for this exclusion from CON review, a CCRC must satisfy three criteria:

- Beds obtained through the exclusion must not exceed the ratio of one bed for every five independent living units (or 20 percent). This ratio is 24 percent for those communities with fewer than 300 independent living units.
- The CCRC must serve exclusively its own residents in the nursing home beds; it cannot market directly to the general public. This has also been modified for admission of two spouses (or two persons having a long-term significant relationship) where one is admitted to an independent or assisted living unit and one is admitted directly into a nursing home bed. Other exceptions involve admission of persons directly into a nursing home bed who have a reasonable likelihood of eventual transfer to an independent or assisted living unit. These admissions cannot exceed 20 percent of the nursing home beds and cannot cause occupancy to exceed 95 percent.⁴
- It must provide nursing home care on the same campus as the housing units.⁵

As Table 2 indicates, hospital-based skilled nursing facilities include extended care facilities, acute hospital-based skilled nursing facilities, and other hospital-based skilled nursing facilities. Although there were originally three extended care facilities (ECFs), there is currently only one remaining ECF. Hospital-based facilities are either based in acute care hospitals, or in special hospital-chronic hospitals. Most nursing home beds in Maryland (87 percent) are located in freestanding facilities.

The size of the nursing home units varies by the setting. For the CCRCs, most nursing home units are small (less than 50 beds). The acute hospital-based units range from 10 to 35 beds. The units in the non-acute hospitals are larger, ranging from 63 to 200 beds.

⁴ These changes were made in legislation passed during the 2000 legislative session and implemented by Commission regulations effective February 2001.

⁵ *Continuing Care Retirement Communities: An Examination of Policies Governing the Exemption of Nursing Home Beds from Certificate of Need Review*. Final Report. February, 1999.

**Table 2: Nursing Home Facilities by Type
and Licensed Bed Capacity: Maryland, 2005**

Facility Type	Number of Facilities	Number of Licensed Beds
Total Hospital-Based SNFs	19	922
Extended Care Facilities	1	20
Acute Hospital-Based SNFs	13	314
Other Hospital-Based SNFs	5	588
Continuing Care Retirement Communities	30	2,753
Freestanding Facilities	189	24,790
Total Facilities	238	28,465

Source: MHCC Certificate of Need files.

Note: Licensed bed count excludes temporarily delicensed beds

Profile of Alternative Services: Assisted Living and Adult Day Care

Although assisted living is not regulated by the Commission under its Certificate of Need program, it is an area of interest because of the impact on utilization of nursing home services. The Commission collects data from all assisted living programs that have more than 10 beds.⁶

An assisted living program is defined as “a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of residents who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the residents.”⁷

Assisted living residents are classified by the Office of Health Care Quality (OHCQ) into levels of care based on their care needs. The licensure regulations define Level 1 (Low Level of Care); Level 2 (Moderate Level of Care); and Level 3 (High Level of Care). Facilities must seek to be licensed to provide care at one of these levels. They are then restricted to serving residents who are admitted at that level of care. The program can seek to raise its level of care by a request to the OHCQ.

In addition, the licensure regulations provide for a resident-specific level of care waiver. This is for a resident who “ages in place” and requires a higher level of care than that for which the facility is licensed. If OHCQ determines that the facility has the capability for meeting the resident’s needs, and that the needs of other residents will not be jeopardized, the facility can apply for this resident-specific waiver. This level of care waiver applies only to that specific resident and not to the assisted living program itself.

⁶ More information on the Commission’s data collected on assisted living programs can be obtained from its website at: <http://mhcc.maryland.gov/consumerinfo/assistedliving/index.html>

⁷ COMAR 10.07.14.02 (10).

The distribution and growth of assisted living programs with more than 10 beds is shown in Table 3 for the time period of 2000 through 2003. Although the data in Table 3 indicate that the number of assisted living beds has grown by 11 percent during this time period, this probably understates the actual growth. Much of the increase in assisted living programs has been in the smaller assisted living facilities of 10 beds or less that is not included in this data.

Table 3: Assisted Living Beds in Maryland, 2000-2003

Jurisdiction	2000	2001	2002	2003
Allegany	159	165	161	177
Anne Arundel	916	986	1,001	1,080
Baltimore Co.	2,312	2,428	2,469	2,785
Calvert	76	76	76	76
Caroline	98	114	124	124
Carroll	590	579	579	577
Cecil	144	144	159	185
Charles	117	111	164	164
Dorchester	20	20	35	35
Frederick	588	588	723	688
Garrett	22	22	38	54
Harford	342	385	472	496
Howard	897	957	957	957
Kent	38	50	38	38
Montgomery	2,181	2,038	2,204	2,094
Pr. George's	649	549	803	838
Queen Anne's	43	43	43	43
St. Mary's	228	128	149	149
Somerset	0	0	0	0
Talbot	84	99	115	99
Washington	689	760	773	771
Wicomico	284	284	285	301
Worcester	56	55	71	102
Baltimore City	888	895	852	864
TOTAL	11,421	11,476	12,291	12,697

Source: Maryland Long Term Care Surveys, 2000-2003

Note: Includes only assisted living programs with more than 10 beds.

In addition, it is necessary to determine how much of the assisted living facility development is not captured in the Commission's Long Term Care Survey, since that survey only collects data from assisted living programs having more than 10 beds. In order to assess this, the most recent data collected by the Commission was compared to the OHCQ directory of providers for 2004. Some of the differences in beds between the Commission's and OHCQ's data may be due to the development of new programs or the expansion of existing programs. Most of the discrepancies stem from the numerous small programs (fewer than or equal to 10 beds) that exist statewide. The "percent surveyed" column reflects an overall measurement of assisted living programs surveyed, since the MHCC survey omits the smaller programs of 10 beds or less. As seen in Table 4, many of these smaller programs are in Prince George's County

and Baltimore City, which show a lower percentage surveyed. Since these are large urban areas with many programs, the underreporting by the Commission survey is less critical. It is important to note that in many of the smaller rural areas more than 50 percent of their programs are surveyed. Although these sources address two different time periods, they do address, to some extent, the issue of underreporting.

Table 4: Comparison of Commission's Assisted Living Data with the Office of Health Care Quality's Directory, 2003 and 2004

Jurisdiction	MHCC Survey 2003	OHCQ Directory 2004	Percent Surveyed by MHCC
Allegany	177	204	87%
Anne Arundel	1,080	1,420	76%
Baltimore Co.	2,785	3,392	82%
Calvert	76	119	64%
Caroline	124	150	83%
Carroll	577	670	85%
Cecil	185	279	66%
Charles	164	317	52%
Dorchester	35	52	67%
Frederick	688	737	93%
Garrett	54	81	67%
Harford	496	637	78%
Howard	957	1,426	67%
Kent	38	64	59%
Montgomery	2,094	2,692	78%
Pr. George's	838	1,824	46%
Queen Anne's	43	61	70%
St. Mary's	149	164	91%
Somerset	0	5	-
Talbot	99	167	59%
Washington	771	800	96%
Wicomico	301	321	94%
Worcester	102	118	86%
Baltimore City	864	2,051	42%
TOTAL	12,697	17,751	72%

Source: Maryland Long Term Care Survey, 2003; OHCQ Directory 2004.

Adult Day Care Services also offer an alternative to nursing home care. Day care center for the elderly means "a place that is operated to provide, with or without charge, care for elderly individuals, and either is designated for group care for at least 4 elderly individuals, or a family home that provides care for two or three elderly individuals." "Elderly individual" is defined as a person who is 55 years or older; lives alone or with a spouse, family, relative or friend; needs temporary supervision and care during part of a day in a protective setting; and has a disability that is a reasonably static physical impairment that prevents gainful employment or the

accomplishment of the routine of normal daily activities without assistance, or a permanent or recurrent mental impairment.”⁸

It is interesting to note that the statute defines the purpose of day care centers for the elderly as “to provide for the establishment of day care centers for the elderly and services that will give many elderly individuals the chance to stay with their families or in their communities instead of being placed in a nursing home or State institution.”⁹ The intent is to provide a noninstitutional setting for the provision of long term care services.

The provision of adult day care, in terms of persons served, days of service, and payments from FY 1998 through 2004, is shown in Table 5. This is based on data collected by the Maryland Medicaid program. The data indicate that the number of persons served in Medical Day Care increased 37 percent from 4,423 persons in 1998 to 6,072 persons served in 2004. During the same time period, days of service increased by 40 percent and payments increased by 58 percent.

**Table 5: Medicaid Medical Day Care Services and Payments,
FY 1998-2004**

Year	Persons Served	Days of Service	Payments
FY 1998	4,423	738,372	\$42,761,318
FY 1999	4,802	787,780	\$46,521,077
FY 2000	5,032	816,423	\$49,469,054
FY 2001	5,409	885,438	\$54,774,455
FY 2002	5,744	973,571	\$61,467,131
FY 2003	5,966	972,437	\$62,658,377
FY 2004	6,072	1,033,480	\$67,426,338

Sources: Maryland Medical Assistance Program. Medicaid claims data, FY 1998-2004.

⁸ Maryland Annotated Code, at §14-201.(b)

⁹ Maryland Annotated Code, at §14-202.(b)

MAJOR ISSUES AFFECTING BED NEED

Demographic Factors

Growth of the older population will accelerate over the next several decades due to the aging of the baby boom generation, or those born between 1946 and 1964. Between 2000 and 2020, the share of persons aged 50 and over in the U.S. population is projected to rise from 27.3 percent to 35 percent, and the share of persons aged 65 and older from 12.4 percent to 16.3 percent.¹⁰ Maryland is a fairly young state; with a proportion of population aged 65 and older of 11.3 percent in 2000, it ranks 41st among all states nationally.¹¹

The older population will not be financially supported by as many working younger people as was the case in the past. In Maryland, for example, the population aged 0-64 is projected to grow by 5 percent between 2003 and 2010 while the group aged 85 and over is projected to grow by 38 percent. More women, traditionally those who are the caretakers for older persons, are in the workforce. Also, there is more geographic movement, with many children living in different states than their parents.

On the other hand, the older population has more resources than its predecessor cohorts. Homeownership is high among the elderly with 79.4 percent of persons aged 65 and older having owned their homes in 2000.¹² According to the American Association for Retired Persons (AARP) data, Maryland ranks fourth among the states in family income for those aged 65 and older with a median family income of \$44,406. Maryland as a whole was the third wealthiest state in the nation in 2004, with a median household income of \$57,424.¹³

Nationally, in 1950, 17 percent of people over 65 had graduated from high school and three percent had graduated from college. In 2003, 72 percent were high school graduates and 17 percent held at least a bachelor's degree. The percentage of the elderly living in poverty nationally declined from 35 percent in 1959 to 10 percent in 2002. Although racial disparities still exist among the elderly, overall the cohort is healthier and wealthier than earlier generations.¹⁴ This means that they can afford, and demand, a greater array of services.

Health Status/Disability Factors

A recent report from the Centers for Disease Control and Prevention (CDC) finds that life expectancy at birth reached an all-time high in 2002 of 77.4 years, up from 77.2 in 2001. Life expectancy at age 65 increased for men by 16.6 (total of 81.6 years) and for women by 19.5

¹⁰ Across the States: Profiles of Long Term Care, 2002. American Association of Retired Persons.

¹¹ Summer, Laura et. al. "Measuring the Years: State Aging Trends and Indicators". Center on an Aging Society Health Policy Institute, Georgetown University for the National Governors Association Center for Best Practices, 2004.

¹² Across the States, AARP, 2002.

¹³ Brewington, Kelly. "Baltimore among poorest areas of comparable size, census shows", *Baltimore Sun*, August 31, 2005.

¹⁴ Vickery, Kathleen. "Today's Seniors Healthier, Wealthier", *Provider*, January 2005.

(total of 84.5 years). Overall, death rates for the total U.S. population dropped in 2002. Mortality rates declined nationally in 2002 compared to 2001, in the areas of: heart disease (three percent); stroke (nearly three percent), accidents/unintentional injuries (nearly two percent); and cancer (one percent). Mortality rates increased in some causes of death, including: Alzheimer's (up 5.8 percent); influenza and pneumonia (up 3.2 percent); and high blood pressure (up 2.9 percent).¹⁵

Nationally, 9.5 percent of adults age 65 and older have physical, mental, or emotional conditions lasting six months or more that make it difficult to perform basic activities of daily living (ADLs). The rate in Maryland is very close to the national average with 9.1 percent having these limitations.¹⁶ Disability rates among older people are declining. "A review of 16 studies conducted in the 1990s on disability or functioning trends among people age 65 or older suggests that for most of the 1980s and nearly half of the 1990s, disability rates declined substantially. Among the different studies, the average annual decline in the proportion of people age 65 or older with any disability ranged from 0.92 percent to 1.55 percent."¹⁷ Data from the Centers for Disease Control and Prevention indicate that the percent of persons with any ADL limitation decreased for those in the 65-74 age group from 30.0 in 1997 to 25.2 in 2002. For the 75 and older age group, the percent decreased from 50.2 to 45.1 during the same time period.¹⁸

Of those elderly with long term care needs, only one-quarter live in nursing homes.¹⁹ It appears, however, that those in nursing homes are sicker and more dependent. According to Online Survey, Certification, and Reporting system (OSCAR) data, the level of disabilities seen in nursing homes in Maryland is above the national average. In the June 2004 reports, Maryland average ADL dependence was 4.07 (number of ADLs impaired) compared to a national average of 3.91.²⁰

Preference for Community-Based Services

Most surveys of older adults show an overwhelming preference for people to stay in their own homes. In cases when this is not feasible, people prefer the least restrictive setting that meets their needs, which generally translates into lower utilization of nursing homes. While there is increasing utilization of nursing homes on a short-term basis, for post-acute hospitalization and often for short-term rehabilitation, the more traditional residential care utilization is declining. As shown in Table 6, from 2001-2003 while use rates among the 0-64 age group increased by 13 percent, the use rates among those aged 85 and older declined by seven percent. There was also a decline of three percent (during the same time period) in use rates by those aged 75-84. Since there is increasing nursing home utilization with increasing age, the decline in use rates among the oldest age groups has a major impact on the projected need for nursing home beds. More details on changes in use rates by jurisdiction can be found in Appendix Tables A-1 through A-3.

¹⁵ Centers for Disease Control and Prevention, National Center for Health Statistics, Deaths: Preliminary Data for 2002.

¹⁶ Georgetown University, "Center on an Aging Society: Sourcebook".

¹⁷ Friedland, Robert B. "Caregivers and Long-Term Care Needs in the 21st Century: Will Public Policy Meet the Challenge?" Issue Brief of the Long Term Care Financing Project. Georgetown University, July 2004.

¹⁸ *Health, United States 2004*. Centers for Disease Control and Prevention, National Center for Health Statistics.

¹⁹ Summer, Laura and Ihara, Emily. "State-Funded Home and Community-Based Service Programs for Older People", AARP Public Policy Institute, October, 2004.

²⁰ American Health Care Association-Health Services Research and Evaluation: CMS-OSCAR Form 672: F78-F93.

Table 6: Changes in Statewide Age-Specific Nursing Home Patient Days per 1,000 Population: Maryland, 2001-2003

Age Group	Pt. Days per 1,000 2001	Pt. Days per 1,000 2002	Pt Days per 1,000 2003	Percent Change 2001-2002	Percent Change 2002-2003	Percent Change 2001-2003
0-64	191.28	201.64	215.85	+5.42%	+7.07%	+12.85%
65-74	3,383.80	3,303.63	3,448.97	-2.37%	+4.40%	+1.93%
75-84	14,597.90	14,306.24	14,120.65	-1.99%	-1.30%	-3.27%
85+	65,763.37	63,764.94	61,349.99	-3.04%	-3.79%	-6.71%

Source: MHCC, 2001-2003 MDS Data; Maryland Office of Planning Population Estimates, Revised May 2004.

Statewide, the occupancy rate in nursing homes has declined from 91.03 percent in 1996 to 88.24 percent in 2003²¹. During the same time period, the total number of patient days decreased from 9,599,452 to 9,346,287. A factor that helped to stabilize the decline in occupancy rates was the introduction of regulations on temporarily delicensed beds. As will be described in more detail in Part IV of this report, these regulations resulted in the removal of 2,587 beds from the health care system between 1997 and 2004. Occupancy rates would be even lower if these beds had not been removed from the system.

The preference for community-based services can only be realized to the extent that there are services available to meet community needs. Several community programs have existed in Maryland for a long time and many optional services have been covered under the Medicaid program. For example, Medicaid personal care and medical day care have been covered services in Maryland since 1980. The PACE program (Program of All-Inclusive Care for the Elderly) is a capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity that features comprehensive medical and social services supported by adult day care; this program is located at Johns Hopkins Bayview Medical Center. The Department of Human Resources (DHR) funds the In-Home Aide Services Program and the Attendant Care Program. The Maryland Department of Aging (MDOA) is responsible for the Senior Care Program, the Congregate Housing Services Program, Home Delivered Meals, National Family Caregivers Program, and Senior Center Plus. In addition, two major waiver programs, Living at Home: Maryland Community Choices Waiver, and the Waiver for Older Adults are administered by DHR and MDOA, respectively. The various Medicaid programs are administered by the Department of Health and Mental Hygiene (DHMH). Table 7 highlights the target population, services provided, and number of people served by non-institutional long term care programs in fiscal year 2004.

²¹ 2003 occupancy data based on preliminary unpublished MHCC data.

Table 7: Maryland Non-Institutional Long Term Care Programs, FY 2004

Program Name	Target Population	Services Provided	Number Served
Medicaid Personal Care Program	Individuals in community with Medicaid who require help with 1+ ADLs due to chronic physical or mental condition.	Provides in-home personal care services; four levels of services operated by local health dept.	In FY 2004, 4,600 persons served; expenditures totaled \$20,500,000.
Medicaid Day Care Program	Medicaid individuals certified as requiring nursing facility level of care.	Personal care, nursing, social work services, nutrition, habilitation therapies up to 7 days/wk.	In FY 2004, 6,072 persons served; expenditures total \$67,400,000.
Hopkins Elder Plus (PACE) Program in Maryland operates in Baltimore at Johns Hopkins Bayview Medical Center.	People over age 65 living in designated area; income below 300% SSI; and certified for nursing facility level of care and eligible for Medicare and Medicaid.	Hopkins Elder Plus, social services, personal care, nutritional counseling, homemaker/chore services, medication administration and management.	As of 2004, 150 persons were enrolled in the program. In FY 2005 \$4,000,000 budgeted for entire program, not just long term care.
In-Home Aide Services (DHR)	Adults of all ages who require assistance w/ ADLs to remain in their homes.	Provides in home aides to assist with chores; transportation.	In FY 2004, 3,141 persons served. FY2005 \$3,058,619 budgeted
Attendant Care Program (DHR)	Adults 18-64, at risk of institutionalization, seeking job, secondary education, or employed.	Provides subsidies to employ attendant care workers; operated by DHR.	In FY 2004, 115 persons served. In FY2005 \$938,331 budgeted.
Living at Home: Maryland Community Choices Waiver (DHR)	Individuals age 18-59 (at time of enrollment); income no higher than 300% of SSI; certified to meet nursing facility level of care	Statewide for vulnerable adults with permanent chronic physical disabilities. Offers consumer direction to offer an alternative to institutionalization.	In FY 2004, 449 persons served. In FY 2005 \$14,233,881 budgeted.
Senior Care Program (MDOA)	Elderly 65 and older at risk for nursing facility and meeting financial criteria.	Case management and gap filling funds for personal care.	In FY 2004, 3,399 persons received services. In FY 2005 \$6,615,354 budgeted.
Congregate Housing Services Program (MDOA)	Individuals aged 62 and older with physical or mental disabilities.	Personal care, housekeeping, meal preparation.	In FY 2004, 793 persons served. In FY 2005 \$1,677,077 budgeted.
Waiver for Older Adults (MDOA)	People aged 50 and older; income no higher than 300% of SSI; certified to meet nursing facility level of care; meet cost neutrality requirements.	Services provided to eligible persons in their own homes or assisted living. Personal care, meals, environmental assessments, adaptations, respite care, other services.	As of FY 2004, 3,135 persons served. Budgeted not available (NA).
Home Delivered Meals (MDOA)	Aged 60+; homebound	Meals for homebound eligible persons.	In FY 2004 6,769 persons served. Budgeted NA.
National Family Caregivers Program (MDOA)	Family caregivers of older adults aged 60 or over and relative caregivers aged 60 or older of children aged 18 and under.	Provides information, assistance, counseling, training, respite care, and supplemental services.	In FY 2004 37,519 persons served— duplicated count for all services. FY 05 \$2,157,056 budgeted.
Senior Center Plus (MDOA)	Individuals aged 50+ unable to perform 2 or more ADLs without substantial assistance.	Supervised day program or frail elderly in a non-residential setting.	In FY 2004, 345 clients served. Budgeted NA

Source: DHMH, DHR, MDOA programs.

Reimbursement/Legislative Factors

The 1999 Supreme Court decision known as *Olmstead v L.C.* ruled that states must provide services in the most integrated setting possible, depending on the needs of qualified individuals with disabilities, and as can reasonably be accommodated by the state.²² This, coupled with state budget deficits, has resulted in the growth of community-based alternatives to nursing home care. Historically, the fact that Medicaid provided fuller coverage in a nursing home rather than in the community was seen as an “institutional bias.”²³ Although this institutional focus still exists, there have been efforts made to increase support for community-based services. Table 8 shows how the proportion of Maryland Medicaid funds spent on nursing homes vs. home and community-based services has shifted over time.

Table 8: Maryland Medicaid Spending on Nursing Home vs. Home and Community-Based Services: FY 1999-2004

Year	Nursing Home ²⁴	Home and Community-Based Services ²⁵	Combined Long Term Care Spending ²⁶
FY 1998	\$538,616,612 (68%)	\$253,803,987 (32%)	\$792,420,599
FY 1999	\$559,140,121 (69%)	\$248,445,248 (31%)	\$807,585,369
FY 2000	\$590,393,246 (69%)	\$266,585,337 (31%)	\$856,978,583
FY 2001	\$672,988,840 (68%)	\$318,994,206 (32%)	\$991,983,046
FY 2002	\$741,502,717 (67%)	\$352,244,666 (33%)	\$1,093,747,383
FY 2003	\$780,731,624 (61%)	\$497,657,373 (39%)	\$1,278,388,997
FY 2004	\$847,345,510 (56%)	\$663,466,198 (44%)	\$1,510,811,708

Source: Maryland Medical Assistance data from DHMH Office of Planning and Finance.

Although the dollar amounts for nursing homes still exceed home and community-based services, the proportion of Medicaid’s long term care spending for nursing homes has declined from 68 percent in FY 1998 to 56 percent in FY 2004, while spending for home and community based services has increased from 32 percent to 44 percent of long term care spending for the same time period. Long term care spending during this time period has ranged from 28 percent to 31 percent of total Medicaid health care spending. The average annual growth of nursing

²² Gelhaus, Lisa. “Circle of Medicaid-Eligible Caregivers Broadens”, *Provider* September 2004.

²³ *Ibid.*, p. 21.

²⁴ The “Nursing Home Proportion” excludes ICF-MR facilities.

²⁵ The “Home and Community-Based Services Proportion” includes home health care, medical day care, personal care, home and community-based waivers, Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), Rare and Expensive Management (REM) case management, and other case management. For FY 2004, the EPSDT and REM components represented just 7% of the home and community based services category.

²⁶ “Combined Long Term Care Spending” is a total of the nursing home proportion and the home and community-based services proportion.

home payments has been 8.7% from 1998 to 2004, as compared to an average annual growth of 27% for home and community-based services.

There have been several federal initiatives to promote home and community-based services. On a national level, expenditures for services through home and community-based waivers increased from \$1.6 billion in FY 1991 to \$14.4 billion in FY 2001, growing from 5 percent of all Medicaid long term care spending in FY 1991 to 19 percent in FY 2001. Every state except Arizona operates at least one waiver for the elderly.²⁷

In 2001, CMS initiated the New Freedom Initiative, to allow states more opportunities to develop home and community based programs. New Freedom Initiatives include such programs as: Real Choices Systems Change, Nursing Facility Transitions, and Independence Plus. All of these initiatives advance the concept that “money follows the individual” through the system. Another effort is the Cash and Counseling Program which expands the concept of consumer-directed care by providing beneficiaries with a flexible monthly allowance to hire a direct care worker.

In October 2003, Maryland received an \$800,000 federal grant, as part of the federal New Freedom Initiative, for the establishment of Aging and Disability Resource Centers in Maryland. The first two pilot projects will be located in Howard County and Worcester County.²⁸

Maryland is currently planning its most ambitious initiative thus far in applying for a waiver to provide services to approximately 75,000 individuals through a managed care system. This program (entitled Community Choice) will serve: all dual eligibles (Medicare and Medicaid); all adult Medicaid recipients who qualify for nursing home level of care; all other Medicaid recipients 65 and over, including all nursing home residents; and all participants from the two existing 1915(c) waiver programs. The program will be designed to cover all primary and acute care, pharmacy, mental health services, and long term care.²⁹

The goals of the Community Choice program include:

- Developing alternatives to institutional care;
- Coordinating acute and long term care services and financing with Medicare;
- Controlling the growth of long term care costs;
- Offering the flexibility to provide services specific to the needs of the client;
- Providing accountability for outcomes and quality of care;
- Developing consumer-directed options.

The application for a federal waiver was submitted to the Centers for Medicare and Medicaid Services in August 2005.

²⁷ GAO Report. “Long Term Care: Federal Oversight of Growing Medicaid Home and Community-Based Waivers Should be Strengthened.” June, 2003.

²⁸ Maryland Department of Aging, Press Release, October 2003.

²⁹ “A New Vision for Long Term Care in Maryland” DHMH Stakeholder Forums, October 1, 2004; October 4, 2004.

NURSING HOME UTILIZATION IN MARYLAND: OVERVIEW

Projecting future need for nursing home services is a complex task that must take into account a variety of factors. Some background factors include changes in reimbursement, financial pressures on state budgets, and increasing demand for consumer directed care. In addition, there are several variables in Maryland that are used to forecast bed need. These include: trends in utilization; trends in population growth or decline; migration patterns, both within Maryland and from neighboring states into Maryland; trends in the development of community-based services; and the predictions of the possible impact of these factors on future nursing home utilization. Analysis of major trends is discussed in this chapter and detailed data on these variables is attached in Appendix A.

Trends in Nursing Home Use Rates

Use rates reflect the volume of nursing home patient days per 1,000 population by each age group. Statewide, the largest growth in utilization was among the 0-64 age group, which is the group with the lowest use rates. The greatest decline in this time period was among the 85 and older age group, those with the highest use rates. These patterns were fairly consistent from 2001-2002 and 2002-2003, except for the 65-74 age group. For that group, there was a decline from 2001-2002 and then an increase from 2002-2003. Changes in the use rates by age group is shown in Table 9 below; the actual use rates both statewide and by jurisdiction appear in Tables A-1 through A-3. Most jurisdictions show the same pattern of increasing utilization among those aged 0-64, and declining utilization among those age 85 and older. Those jurisdictions exceeding 2003 statewide utilization in all age groups (see Tables A-2, A-3) include: Allegany, Garrett, Washington, Caroline, and Somerset Counties.

**Table 9: Changes in Nursing Home Use Rates by Age Group:
Maryland, 2001-2003**

Age Group	Change 2001-2002		Change 2002-2003		Change 2001-2003	
	Number	Percent	Number	Percent	Number	Percent
0-64	10.37	+5.42%	14.21	+7.07%	+24.57	+12.85%
65-74	-80.17	-2.36%	145.34	+4.40%	65.17	+1.93%
75-84	-291.67	-1.99%	-189.59	-1.30%	-477.25	-3.27%
85+	-1,998.43	-3.04%	-2,414.95	-3.79%	-4,413.38	-6.71%

Source: MHCC 2001-2003 MDS data; Maryland Office of Planning population estimates, revised May 2004.

Migration Rates

Migration rates, as measured by the proportion of patient days retained by the jurisdiction, are also an important component of nursing home bed need. The Commission has long recognized the role of migration as a factor in bed need. People seeking nursing home care do not always receive care in the jurisdiction where they live. In some cases, this is voluntary; many people seek to move to be closer to family members. Some also desire to move to obtain care in a particular facility that might meet their medical needs or that are sponsored by religious organizations. For others, migration is due to the fact that beds are not available in their area of

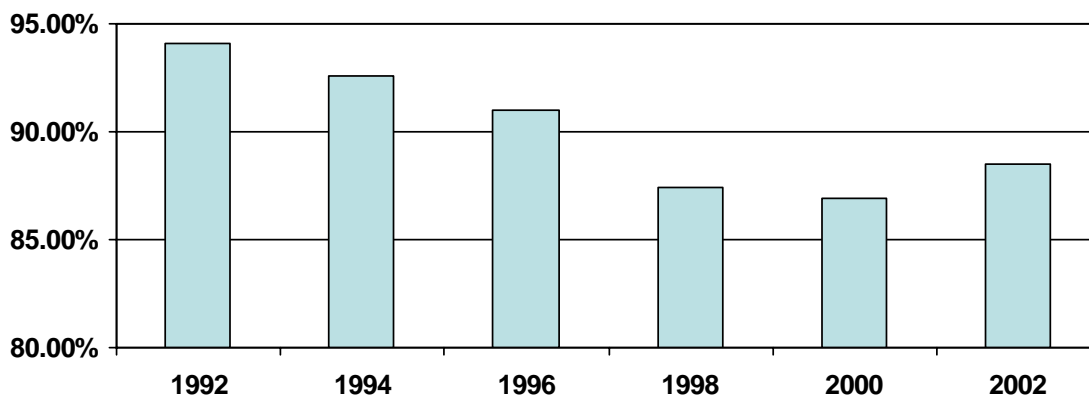
residence. In such cases, migration is adjusted to develop more beds in areas where they are needed. These adjustments will be discussed in more detail in Part V.

Detailed data on migration by jurisdiction from 2001 through 2003 is shown in Table A-4. These tables are labeled as “retention rates” because they refer to the proportion of nursing home residents retained by the jurisdiction. Retention rates are calculated by taking the proportion of people residing in a jurisdiction and using nursing home services in the same jurisdiction divided by the total number of people using nursing home services from that jurisdiction. For example, the proportion of people who live in Allegany County who use a nursing home in Allegany County divided by the total number of Allegany County residents using nursing homes anywhere in Maryland. The rankings of retention rates is shown as well. Those jurisdictions with the highest retention rates include: Washington, Allegany, Montgomery, and Garrett Counties. Those with the lowest retention rates include: Howard County, Queen Anne’s County, Baltimore City, and Charles County.

Nursing Home Occupancy Rates

Nursing home occupancy has generally been declining, both nationally and in Maryland, as people choose to receive care in alternative settings. Table A-5 shows occupancy rates for the period 1992-2002 by jurisdiction and statewide for selected years. Statewide, there is a pattern of declining occupancy over the past decade, from 94.10 percent in 1992 to 88.28 percent in 2002 (see figure 1). Occupancy has declined in every jurisdiction, except in Garrett and Kent Counties, during this time period. In Garrett County, there was a slight increase in occupancy from 86.98 percent in 1992 to 92.13 percent in 2002. Occupancy also increased in Kent County from 68.01 percent in 1992 to 94.12 percent in 2002. It should be noted that both Garrett and Kent Counties are jurisdictions with small numbers of nursing homes, four and three respectively, so that small fluctuations in occupancy may have a larger impact. Jurisdictions with the highest occupancy in 2002 included: Allegany, Kent, Somerset, and Charles Counties. Counties with the lowest occupancy included: Howard, Worcester, and Talbot Counties.

Figure 1
Trends in Statewide Nursing Home
Occupancy Rates: Selected Years,
1992 -2002



Source: MHCC Occupancy Reports 1992-2002

Changes in Temporarily Delicensed Beds

One factor that has helped to offset the statewide decline in occupancies is the development of regulations governing temporarily delicensed beds. Statewide occupancies, which declined concurrently with the increase in operating beds between 1996 and 2000, began a slow rebound in 2001. Beginning in 1997, the Commission granted facilities' requests to temporarily delicense a portion of their licensed capacity. These temporarily delicensed beds were removed from the facility's license, as issued by the Office of Health Care Quality, but were maintained in the Commission's inventory of licensed beds for a one-year period. Commission regulations (COMAR 10.24.01.03C) effective February 2001, required all facilities with beds delicensed for more than one year to bring the beds back on line by August 6, 2001 or to submit a plan with specific timeframes to bring the beds back into service. This has resulted in the permanent removal of 2,587 beds from the system as shown in Table 10 below.

**Table 10: Temporarily Delicensed Nursing Home Beds:
Maryland, CY 1997-2004**

Calendar Year	Beds Authorized for Temporary Delicensure	Beds Relinquished or Deemed Abandoned	Beds Re-licensed
1997	370	0	0
1998	518	13	90
1999	437	4	63
2000	305	0	140
2001	453	1,710	136
2002	209	311	96
2003	543	348	112
2004	386	201	154
TOTAL	3,221	2,587	791

Source: MHCC Certificate of Need Database

Maryland Population Trends

Nursing home bed need is affected by the growth in population in the various age groups. Maryland population is projected to grow by 7 percent from 2003 to 2010, with the largest increases projected to be in the 65-74 (23 percent growth) and the 85 and older age groups (38 percent growth). During the same time period, the 0-64 age group is projected to grow by 5 percent, while those aged 75 to 84 are projected to grow by 3 percent. Although the amount of growth varies by age group, those jurisdictions with population growth rates above the statewide average in all age groups include: Calvert, Charles, Frederick, Harford, Howard, Montgomery, and St. Mary's Counties. This has a major impact in projecting bed need since use rates are age-adjusted. Trends in population growth by jurisdiction and statewide are shown in Table A-6. This is shown for 2001-2003 as well as for 2010, the target year of the projections.

The ranking of use rates expressed as patient days per 1,000 population by age group and jurisdiction is shown in Table A-7. Table A-8 displays bed to population ratios for the age groups 65+, 75+, and 85+ for 2003. Those jurisdictions with the lowest number of beds per 1,000 population in all age groups include: Howard, Harford, Queen Anne's, and Anne Arundel Counties.

Bed to Population Ratio Trends

The trends from 2003 through 2005 in nursing home bed to population ratios for the 75 and older population group are shown in Table A-9. Such ratios are frequently shown for the group aged 65 and older, but this cohort is often too large to make such figures meaningful. Bed to population ratios for the 75 and older age cohort show a declining number of beds to population over this time period in all jurisdictions in Maryland. Ratios range in 2005 from a high of 158.53 beds per 1,000 population aged 75 and older in Allegany County to 61.30 beds for the same age group in Queen Anne's County. Although there are fewer beds available for the growing elderly population, as was discussed previously, nursing home occupancy rates are not increasing.

Adjacent State Population Trends

The migration into Maryland from the adjacent states of Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia is taken into account in bed need projections by assuming that the current pattern of migration from these states into Maryland will increase in the future at their projected rate of population growth. The growth in population in these states is shown in Table A-10. The neighboring states show less growth in the 85 and older age group than is projected for Maryland. Delaware is projected to have a 31 percent increase in its 85 and older population between 2003 and 2010 and Virginia is projected to have a 29 percent growth in the 85 and older group during the same time period. Maryland's 85 and older group is projected to increase by 38 percent.

Patient Days by Payment Source

Table A-11 shows the trends in licensed nursing home beds and patient days by payment source from 1990-2003. Bed increases peaked between 1995 and 1996 and then declined or stayed steady since then. An analysis of the time periods shows that the period of 1990-1995 had the most increase in beds, the most increase in Medicaid days and other payment days, but a drop in private pay days. During 1995-2000, there was a slight increase in beds, but payment from private pay and Medicaid declined while payment from other sources (including Medicare) grew by 32 percent. Finally, the period of 2000-2003 shows a decline in beds, a decline in private pay, a small decline in Medicaid, and a larger increase in other sources of payment. Total patient days grew by the largest amount (seven percent) during the period of 1990-1995 with a subsequent steady rate or decline.

Summary data on key variables included in the methodology for projecting nursing home bed need are provided in Appendix A. It should be noted that these tables refer to comprehensive care facility (CCF) and extended care facility (ECF) beds. These are the licensure categories for nursing home beds in Maryland. The Tables in Appendix A include data on: Trends in Use Rates per 1,000 Population by Age Group; Trends in Retention Rates; Changes in Temporarily Delicensed Beds; Nursing Home Occupancy Trends; and Trends in Population Growth. These are among the factors that impact the projection of where additional nursing home beds will be needed in Maryland.

EXAMINATION OF ALTERNATIVE OPTIONS FOR PROJECTING NURSING HOME BED NEED

In developing projections for nursing home bed need, the Commission considers several types of variables, including: demographic, health status, and reimbursement factors, as well as trends in utilization, retention, occupancy, and population growth. This projection is important since it becomes part of the State Health Plan for Facilities and Services, which is a State regulation that governs the Certificate of Need program. Beds that are approved through the Commission's Certificate of Need program are then developed and implemented throughout the State. Since about 60 percent of patient days are paid for by the Maryland Medicaid program, these projections have an impact on the State budget. In this section, the current methodology, as well as several alternative options, will be discussed. Nursing home bed need is projected to 2010.

Current Nursing Home Bed Need Methodology: Overview

The current nursing home bed need methodology has been developed and modified over the past several years in an effort to improve the prediction of future utilization of nursing home beds in Maryland. It uses past patterns of age-adjusted nursing home utilization as measured by patient days per 1,000 population as its starting point. Since there are variations in utilization by year, a three-year average age-adjusted utilization rate is used.

As discussed above, the Commission has been concerned about migration patterns within the State. A component of this migration is voluntary, such as those who move to be closer to family members who visit them in nursing homes. A portion of migration is involuntary, based on the lack of beds in the areas where people live. Simply projecting forward past patterns of utilization would continue to exacerbate such bed shortages. The current methodology, therefore, adjusts migration for those jurisdictions in which the retention rate is less than 80 percent and the utilization rate for the 65+ age group is greater than the 33rd percentile for that age group. For these areas, half of the out-migration is added back to develop beds in the local area.

A community-based services adjustment is also part of the current methodology. As was discussed above, nursing home utilization, both nationally and in Maryland is declining as people choose to receive care in less restrictive settings. In fact, short-term, post acute utilization of nursing homes is increasing. At the same time, traditional long-term custodial care is decreasing and should not be projected forward at the same rate as in the past. The current methodology assumes that a certain proportion of past nursing home utilization will be served in other settings in the future. For that reason, a community-based services adjustment is used. This is based on patient days for those who, on admission, are continent, are classified as light care, and are not cognitively impaired. The current methodology is described in detail Table 12 at the end of this chapter.

This current methodology makes several assumptions about how migration is adjusted, how nursing home utilization should be adjusted for the use of community-based services, and inventory assumptions about how beds are counted. These are described briefly here.

Migration Assumptions:

- The need projection for nursing home beds reduces net out-migration from jurisdictions with retention rates less than 80 percent and use rates for the 65+ population greater than the 33rd percentile by half and allocates the reduction back to the jurisdiction.
- Migration into Maryland from the adjacent states of Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia is taken into account in estimating bed need, by assuming that the current pattern of migration from these adjacent states into Maryland will increase in the future at their projected rate of population growth.
- Migration into Maryland from other than adjacent states is not taken into account in estimating need.
- Out-migration from Maryland to adjacent and other states is assumed to remain constant.

Community-Based Services Assumptions: The utilization of community-based services, measured as patient days for those who, on admission, are light care, continent and not cognitively impaired, is a viable substitute for a proportion of nursing home utilization, and projected nursing home bed need is reduced accordingly.

Inventory Assumptions:

- Nursing home beds are counted in the jurisdiction where they are located, regardless of the jurisdiction of origin of patients using the beds.
- Except as provided in the fourth and fifth assumptions below, all licensed comprehensive care and extended care beds are counted.
- Comprehensive care and extended care beds which have Certificate of Need approval from the Commission are counted.
- Beds with multiple licenses, including swing beds in acute care hospitals are not counted.
- Beds in Charlotte Hall Veterans Home are not counted.
- Waiver beds authorized without a Certificate of Need under COMAR 10.24.01.03 E (2) are counted.
- Existing licensed beds, removed on a temporary basis from a facility's license pursuant to COMAR 10.24.01.3C, are counted.
- When a Certificate of Need is withdrawn or relinquished, the affected beds will be eliminated from the inventory of comprehensive care beds.

Alternate Forecasts of Nursing Home Bed Need: 2010

In addition to the current methodology, the Commission considered various alternative forecasts of nursing home bed need. The rationale and assumptions of each option is described below. The detailed tables providing underlying data for these options appear in Appendix B.

Option 1: Current Methodology

The current methodology (shown in Table B-1) for projecting net nursing home bed need applies average age-specific use rates based on the most current three years of available data. It also uses the migration adjustment that reduces out-migration from jurisdictions with retention rates less than 80 percent and use rates for the 65 and older population greater than the 33rd percentile by half, and allocates the reduction back to the jurisdiction of origin. Migration into Maryland from adjacent states is taken into account by assuming that the current pattern of migration from these states will increase in the future at its projected rate of population growth. Migration from states other than the adjacent states is not taken into account. Out-migration from Maryland is assumed to remain constant. This methodology also includes a community-based services adjustment in which patient days for those who, on admission, are light care, continent, and not cognitively impaired is used as a substitute for a proportion of nursing home days and projected need is adjusted accordingly.

Under this option, net bed need ranges from 15 beds in Kent County to 134 beds in St. Mary's County. Counties with net bed need above 100 beds include: Charles (114); Prince George's (106); St. Mary's (134); Harford (107) and a total net need of 638 beds statewide. For the most part, these counties have high occupancy rates or high rates of population growth.

Option 2: Constant Use Rate, Migration Adjustment, and CBS Adjustment

One of the assumptions of the current methodology is that use rates vary, fluctuating both upward and downward over time, and therefore a three-year average use rate should be applied. However, more recently, the observed patterns are a decline in use rates in most jurisdictions and statewide. Using a three-year average, therefore, might inflate use rates inappropriately. The assumption for this option (see Table B-2) is that the most recent use rate is the best estimate of future utilization in a time of declining use rates. In the current methodology, the use rate was a three-year average. Under this option, the use rate is constant representing the most recent year (2003). It uses the same migration assumptions as the current methodology. It also includes the same community-based services adjustment as in Option 1 above. Under this option, net bed need is lower, with a statewide projected net need of 502 beds. The net bed needs range from three beds in Kent County to 123 beds in St. Mary's County. Counties with net need above 100 beds include: Charles (104) and St. Mary's (123).

Option 3: Constant Use Rate Minus 5%, Migration Adjustment, and CBS Adjustment

Following the logic of the previous option that use rates are declining, one could assert that the use rate for 2003 is still higher than would be predicted for the future when there is greater use of alternatives to nursing home care. This option has many of the same assumptions

as option 2, except that it lowers the constant use rate by five percent to account for expected further reductions in the utilization of nursing homes. As Table B-3 indicates, this projects the lowest net bed need with a total of 286 beds statewide. Under this option, net bed needs range from 11 beds in Caroline County to 101 beds in St. Mary's County. St. Mary's County is the only jurisdiction with net need over 100 beds under this option.

Option 4: Average Use Rate, No Migration, CBS Adjustment

This option goes back to the assumptions of the current methodology by using a three-year average use rate, but it eliminates the migration adjustment (See Table B-4). The argument can be made that over time the migration adjustment should no longer be needed. Once utilization is adjusted and beds are added back where out-migration is highest, this should correct any migration issues and utilization should become "appropriate." This option results in net bed need ranging from three beds in Caroline County to 257 beds in St. Mary's County. This option projects a statewide net bed need of 523 beds and net bed need over 100 beds in St. Mary's County (257) only.

Option 5: Regression Model

This option, shown in Table B-5, represents a new approach to determining bed need. This involves a regression analysis of nursing home days predicted by application of the following variables: county population by age group; time trend from the base year; and, county hospital discharges with a primary diagnosis of stroke, hip fracture, heart failure, or dementia per million population. Hospital discharges in the base year are projected forward based on annual growth. These variables are then used to predict nursing home patient days by county and age group. These utilization predictions are used as a substitute for nursing home use rates applied in the other options.

Results under this option indicate net bed need ranging from 4 beds in Cecil County to 162 beds in St. Mary's county. The total statewide net bed need under this option (871 beds) is higher than all of the other options. Counties with net bed need above 100 include: Charles (111); St. Mary's (162); and Harford (115). A summary of net bed need projections under the five options discussed in this section is shown in Table 11 below. It should be noted that although a number of options are offered, this is by no means an exhaustive list. This is a range of options presented to stimulate discussion about issues surrounding nursing home bed need.

Table 11: Comparison of Various Options for Projecting Nursing Home Net Bed Need in Maryland, 2010

Description of Option Assumptions	Number of Jurisdictions with Net Need	Jurisdictions with Net Bed Need 100+ beds	Total Statewide Net Bed Need
Option 1: Current Methodology: three year average age-adjusted use rates; migration adjustment; CBS adjustment	10	Charles (114) Prince George's (106) St. Mary's (134) Harford (107)	638
Option 2: Constant Use Rate (2003) instead of 3 year average, migration adjustment, CBS adjustment	10	Charles (104) St. Mary's (123)	502
Option 3: Same as Option 2, constant use rate but minus 5% to account for reduced utilization, migration adjustment, CBS adjustment	6	St. Mary's (101)	286
Option 4: Same as current methodology (option #1), but eliminates migration adjustment; retains CBS adjustment	7	St. Mary's (257)	523
Option 5: Regression model projects nursing home patient days predicted by several variables: county population by age group; time trend from base year; county hospital discharges with a primary diagnosis of stroke, hip fracture, heart failure, or dementia per million population.	15	Charles (111) St. Mary's (162) Harford (115)	871

Source: Appendix Tables B-1 through B-5

Table 12: Description of Current Nursing Home Bed Need Methodology

Steps:

- (1) Calculate the base year patient days by age group, area of origin, and jurisdiction of care.
- (2) Calculate the three-year average use rates by age group by using the following rules:
 - (a) Calculate the use rate for each of the three most recent years, by age group and area of origin, by dividing the base year patient days, by age group and Maryland area of origin, by the base year population, by age group and area of origin, and multiplying the result by 1000.
 - (b) Calculate the average use rate, by age group and Maryland area of origin, by summing the use rates for the three most recent years and dividing the sum by three.
- (3) Calculate the target year patient days for each age group for each Maryland jurisdiction of residence by multiplying the average use rate for a given age group in the jurisdiction of residence by the target year projected population for the same age group in the jurisdiction, and dividing the result by 1,000.
- (4) Calculate the target year patient days for each jurisdiction of care by using the following rules:
 - When the jurisdiction of residence is the same as the jurisdiction of care, and the retention rate is less than 80 percent, and the base year use rate for the 65+ population is greater than the 33rd percentile, add the base year patient days for a given age group, receiving care in the same jurisdiction of residence to one half of the base year patient days for a given age group receiving care outside the county of residence; divide the result by the base year patient days for the age group and jurisdiction of residence; multiply by the target year patient days for the age group and jurisdiction of residence; and sum the result over all jurisdictions of residence in Maryland;
 - When the jurisdiction of residence is not the same as the jurisdiction of care, and the jurisdiction of residence is in Maryland, and the retention rate is less than 80 percent, and the base year use rate for the 65+ population is greater than the 33rd percentile, divide the base year patient days for a given age group, a given jurisdiction of residence, and a given jurisdiction of care by twice the base year patient days for the age group and the jurisdiction of residence; multiply the result by the target year patient days for the age group and jurisdiction of residence; and sum the result over all jurisdictions of residence;

- When the retention rate is greater than 80 percent or the base year use rate for the 65+ population is less than the 33rd percentile, the target year patient days are equal to the patient days for each jurisdiction of residence as calculated in step 2(a); sum the result over all jurisdictions of residence;
 - When the jurisdiction of residence is an adjacent state, sum the base year patient days for each age group and jurisdiction of residence for a given jurisdiction of care, multiply the base year patient days for each age group by the population growth rate in that age group, and sum the result over all jurisdictions for residence for a given jurisdiction of care.
- (5) Calculate the target year patient days for each jurisdiction of care by summing the target year patient days for each age group in the jurisdiction of care over all age groups.
 - (6) Calculate the gross bed need for each jurisdiction of care by dividing the target year patient days for the jurisdiction by the product of 365 and 0.95.
 - (7) Calculate the net bed need for each jurisdiction of care by subtracting the inventory of current beds from the gross bed need for the jurisdiction.
 - (8) Calculate the number of nursing home beds for which community based services (CBS) will substitute in each jurisdiction of care.
 - i. Calculate the proportion of total nursing home patient days represented by the patients appropriate for CBS by dividing the CBS days by the total patient days for each jurisdiction of care in the base year.
 - ii. Calculate the number of target year patient days appropriate for CBS by multiplying the target year patient days by the proportion of total nursing home patient days in the base year.
 - iii. Calculate the number of nursing home beds for which CBS will substitute for nursing home beds in each jurisdiction of care by dividing the target year patient days appropriate for CBS by the result of the product of 365 and 0.95.
 - (9) Calculate the adjusted net bed need for each jurisdiction of care by subtracting the number of nursing home beds for which CBS will substitute from the net bed need for each jurisdiction of care.

Source: COMAR 10.24.08

APPENDIX A:
STATISTICAL DATA FOR METHODOLOGICAL CALCULATIONS

TABLE A-1
TRENDS IN STATEWIDE COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION
BY AGE GROUP: MARYLAND, 2001 - 2003

AGE GROUP	USE RATE			CHANGE					
	2001	2002	2003	2001-2002		2002-2003		2001-2003	
				NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-64	191.28	201.64	215.85	10.37	5%	14.21	7%	24.57	13%
65-74	3,383.80	3,303.63	3,448.97	-80.17	-2%	145.34	4%	65.17	2%
75-84	14,597.90	14,306.24	14,120.65	-291.67	-2%	-185.59	-1%	-477.25	-3%
85+	65,763.37	63,764.94	61,349.99	-1,998.43	-3%	-2,414.95	-4%	-4,413.38	-7%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.

Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-2
TRENDS IN STATEWIDE COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION
BY JURISDICTION OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	USE RATES			PERCENT CHANGE IN USE RATES		
	2001	2002	2003	2001- 2002	2002- 2003	2001- 2003
WESTERN MARYLAND						
Allegany County						
0-64 Years	245.95	258.58	332.5	5%	29%	35%
65-74 Years	4,345.79	4,493.08	4,587.27	3%	2%	6%
75-84 Years	21,655.42	20,717.05	20,825.97	-4%	1%	-4%
85+ Years	96,470.18	94,233.36	99,992.29	-2%	6%	4%
Carroll County						
0-64 Years	131.19	128.36	128.62	-2%	0%	-2%
65-74 Years	3,303.31	2,755.75	2,811.38	-17%	2%	-15%
75-84 Years	14,763.01	13,594.45	13,275.65	-8%	-2%	-10%
85+ Years	69,949.44	70,937.80	68,864.72	1%	-3%	-2%
Frederick County						
0-64 Years	125.22	124.18	137.66	-1%	11%	10%
65-74 Years	3,947.63	3,459.79	3,279.35	-12%	-5%	-17%
75-84 Years	19,007.89	17,889.33	17,528.22	-6%	-2%	-8%
85+ Years	95,069.48	92,049.93	90,318.51	-3%	-2%	-5%
Garrett County						
0-64 Years	318.24	300.06	237.19	-6%	-21%	-25%
65-74 Years	4,088.32	4,154.68	4,358.18	2%	5%	7%
75-84 Years	18,294.20	20,853.37	18,542.35	14%	-11%	1%
85+ Years	90,528.59	87,567.07	89,866.25	-3%	3%	-1%
Washington County						
0-64 Years	205.46	231.55	266.67	13%	15%	30%
65-74 Years	3,465.81	3,584.17	3,741.60	3%	4%	8%
75-84 Years	18,043.09	16,892.96	16,007.40	-6%	-5%	-11%
85+ Years	82,231.60	80,743.77	76,238.08	-2%	-6%	-7%
MONTGOMERY COUNTY						
0-64 Years	94.71	95.81	112.22	1%	17%	18%
65-74 Years	1,941.37	1,892.51	1,948.63	-3%	3%	0%
75-84 Years	9,314.49	9,280.40	9,156.62	0%	-1%	-2%
85+ Years	47,650.15	45,860.43	43,578.47	-4%	-5%	-9%
SOUTHERN MARYLAND						
Calvert County						
0-64 Years	136.42	121.63	144.87	-11%	19%	6%
65-74 Years	2,316.27	1,544.02	1,521.08	-33%	-1%	-34%
75-84 Years	15,378.18	13,786.78	13,335.00	-10%	-3%	-13%
85+ Years	75,599.64	80,393.69	72,993.82	6%	-9%	-3%
Charles County						
0-64 Years	162.81	192.26	178.41	18%	-7%	10%
65-74 Years	3,198.21	3,054.22	3,423.51	-5%	12%	7%
75-84 Years	18,769.75	16,953.35	18,260.32	-10%	8%	-3%
85+ Years	71,649.83	66,070.81	61,057.63	-8%	-8%	-15%
Prince George's County						
0-64 Years	172.1	184.44	193.46	7%	5%	12%
65-74 Years	3,131.95	3,005.14	3,147.09	-4%	5%	0%
75-84 Years	13,315.54	13,163.90	12,800.99	-1%	-3%	-4%
85+ Years	48,829.09	47,958.66	44,787.95	-2%	-7%	-8%
St. Mary's County						
0-64 Years	153.94	169.74	193.67	10%	14%	26%
65-74 Years	4,246.48	4,027.83	3,705.27	-5%	-8%	-13%
75-84 Years	15,696.91	14,125.25	14,298.47	-10%	1%	-9%
85+ Years	56,855.27	59,524.91	54,762.48	5%	-8%	-4%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-2
TRENDS IN STATEWIDE COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION
BY JURISDICTION OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	USE RATES			PERCENT CHANGE IN USE RATES		
	2001	2002	2003	2001- 2002	2002- 2003	2001- 2003
CENTRAL MARYLAND						
Anne Arundel County						
0-64 Years	138.06	147.31	154.65	7%	5%	12%
65-74 Years	2,309.74	2,407.58	2,380.38	4%	-1%	3%
75-84 Years	10,201.99	9,754.16	9,663.91	-4%	-1%	-5%
85+ Years	44,942.92	41,432.80	40,195.26	-8%	-3%	-11%
Baltimore County						
0-64 Years	176.3	189.8	219.26	8%	16%	24%
65-74 Years	3,066.20	3,187.34	3,141.44	4%	-1%	2%
75-84 Years	11,424.99	12,213.37	11,840.24	7%	-3%	4%
85+ Years	57,235.70	53,722.48	49,612.78	-6%	-8%	-13%
Baltimore City						
0-64 Years	504.39	529.83	574.2	5%	8%	14%
65-74 Years	5,857.28	6,181.16	6,484.67	6%	5%	11%
75-84 Years	16,363.11	16,560.96	16,654.36	1%	1%	2%
85+ Years	60,679.39	58,547.31	56,527.66	-4%	-3%	-7%
Harford County						
0-64 Years	90.72	93.15	101.92	3%	9%	12%
65-74 Years	2,359.59	2,556.97	2,606.62	8%	2%	10%
75-84 Years	11,023.65	9,841.29	10,343.26	-11%	5%	-6%
85+ Years	52,015.42	44,489.09	44,129.35	-14%	-1%	-15%
Howard County						
0-64 Years	64.3	71.59	73.25	11%	2%	14%
65-74 Years	1,686.39	1,544.03	1,892.97	-8%	23%	12%
75-84 Years	9,412.93	8,403.87	8,336.74	-11%	-1%	-11%
85+ Years	45,203.68	37,165.14	34,351.35	-18%	-8%	-24%
EASTERN SHORE						
Caroline County						
0-64 Years	193.26	264.81	265.56	37%	0%	37%
65-74 Years	5,734.43	4,948.43	5,651.27	-14%	14%	-1%
75-84 Years	17,957.93	16,239.19	16,981.98	-10%	5%	-5%
85+ Years	72,599.48	72,295.57	74,898.82	0%	4%	3%
Cecil County						
0-64 Years	152.73	149.77	160.64	-2%	7%	5%
65-74 Years	2,938.29	3,471.24	3,654.43	18%	5%	24%
75-84 Years	12,448.05	11,440.92	12,731.26	-8%	11%	2%
85+ Years	59,732.94	53,540.52	50,939.13	-10%	-5%	-15%
Dorchester County						
0-64 Years	287.17	252.31	329.25	-12%	30%	15%
65-74 Years	4,931.65	4,974.00	4,660.49	1%	-6%	-5%
75-84 Years	14,482.15	12,607.59	13,070.63	-13%	4%	-10%
85+ Years	59,170.11	51,836.92	56,596.31	-12%	9%	-4%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-2
TRENDS IN STATEWIDE COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION
BY JURISDICTION OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	USE RATES			PERCENT CHANGE IN USE RATES		
	2001	2002	2003	2001- 2002	2002- 2003	2001- 2003
Kent County						
0-64 Years	161.46	185.52	178.8	15%	-4%	11%
65-74 Years	2,989.71	2,096.36	2,690.78	-30%	28%	-10%
75-84 Years	16,225.16	17,126.76	13,980.65	6%	-18%	-14%
85+ Years	92,607.36	92,673.64	85,774.02	0%	-7%	-7%
Queen Anne's County						
0-64 Years	65.27	125.74	102.02	93%	-19%	56%
65-74 Years	2,300.28	2,338.54	2,108.55	2%	-10%	-8%
75-84 Years	9,540.67	13,084.23	12,134.69	37%	-7%	27%
85+ Years	50,290.17	51,348.75	46,602.64	2%	-9%	-7%
Somerset County						
0-64 Years	344.97	324.58	323.81	-6%	0%	-6%
65-74 Years	3,811.82	5,184.10	5,749.48	36%	11%	51%
75-84 Years	20,104.19	20,519.65	23,196.23	2%	13%	15%
85+ Years	70,589.51	70,314.54	68,600.00	0%	-2%	-3%
Talbot County						
0-64 Years	184.65	194.14	241.34	5%	24%	31%
65-74 Years	2,379.15	1,740.38	2,548.58	-27%	46%	7%
75-84 Years	11,019.76	10,665.67	9,724.25	-3%	-9%	-12%
85+ Years	61,343.35	56,470.00	50,687.45	-8%	-10%	-17%
Wicomico County						
0-64 Years	287.23	277.62	297.57	-3%	7%	4%
65-74 Years	4,698.27	4,490.43	4,559.42	-4%	2%	-3%
75-84 Years	16,706.77	17,634.87	16,859.77	6%	-4%	1%
85+ Years	62,182.51	64,022.47	59,465.44	3%	-7%	-4%
Worcester County						
0-64 Years	194.14	226.68	232.89	17%	3%	20%
65-74 Years	2,163.22	2,195.24	2,122.74	1%	-3%	-2%
75-84 Years	9,199.83	10,000.32	9,346.57	9%	-7%	2%
85+ Years	54,895.07	57,158.87	51,559.36	4%	-10%	-6%
Maryland Total						
0-64 Years	191.28	201.64	215.85	5%	7%	13%
65-74 Years	3,383.80	3,303.63	3,448.97	-2%	4%	2%
75-84 Years	14,597.90	14,306.24	14,120.65	-2%	-1%	-3%
85+ Years	65,763.37	63,764.94	61,349.99	-3%	-4%	-7%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-3
TRENDS IN COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION BY JURISDICTION
OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION			AVERAGE COMP CARE USE RATES 2001-2003	AVERAGE COMP CARE USE RATES 2002-2003
	2001	2002	2003		
WESTERN MARYLAND					
Allegany County					
0-64 Years	245.95	258.58	332.50	279.01	295.54
65-74 Years	4,345.79	4,493.08	4,587.27	4,475.38	4,540.17
75-84 Years	21,655.42	20,717.05	20,825.97	21,066.15	20,771.51
85+ Years	96,470.18	94,233.36	99,992.29	96,898.61	97,112.82
Carroll County					
0-64 Years	131.19	128.36	128.62	129.39	128.49
65-74 Years	3,303.31	2,755.75	2,811.38	2,956.82	2,783.57
75-84 Years	14,763.01	13,594.45	13,275.65	13,877.70	13,435.05
85+ Years	69,949.44	70,937.80	68,864.72	69,917.32	69,901.26
Frederick County					
0-64 Years	125.22	124.18	137.66	129.02	130.92
65-74 Years	3,947.63	3,459.79	3,279.35	3,562.26	3,369.57
75-84 Years	19,007.89	17,889.33	17,528.22	18,141.81	17,708.77
85+ Years	95,069.48	92,049.93	90,318.51	92,479.31	91,184.22
Garrett County					
0-64 Years	318.24	300.06	237.19	285.16	268.62
65-74 Years	4,088.32	4,154.68	4,358.18	4,200.39	4,256.43
75-84 Years	18,294.20	20,853.37	18,542.35	19,229.97	19,697.86
85+ Years	90,528.59	87,567.07	89,866.25	89,320.64	88,716.66
Washington County					
0-64 Years	205.46	231.55	266.67	234.56	249.11
65-74 Years	3,465.81	3,584.17	3,741.60	3,597.19	3,662.89
75-84 Years	18,043.09	16,892.96	16,007.40	16,981.15	16,450.18
85+ Years	82,231.60	80,743.77	76,238.08	79,737.81	78,490.92
MONTGOMERY COUNTY					
0-64 Years	94.71	95.81	112.22	100.91	104.01
65-74 Years	1,941.37	1,892.51	1,948.63	1,927.50	1,920.57
75-84 Years	9,314.49	9,280.40	9,156.62	9,250.50	9,218.51
85+ Years	47,650.15	45,860.43	43,578.47	45,696.35	44,719.45
SOUTHERN MARYLAND					
Calvert County					
0-64 Years	136.42	121.63	144.87	134.31	133.25
65-74 Years	2,316.27	1,544.02	1,521.08	1,793.79	1,532.55
75-84 Years	15,378.18	13,786.78	13,335.00	14,166.65	13,560.89
85+ Years	75,599.64	80,393.69	72,993.82	76,329.05	76,693.75
Charles County					
0-64 Years	162.81	192.26	178.41	177.83	185.33
65-74 Years	3,198.21	3,054.22	3,423.51	3,225.31	3,238.87
75-84 Years	18,769.75	16,953.35	18,260.32	17,994.47	17,606.84
85+ Years	71,649.83	66,070.81	61,057.63	66,259.42	63,564.22
Prince George's County					
0-64 Years	172.1	184.44	193.46	183.33	188.95
65-74 Years	3,131.95	3,005.14	3,147.09	3,094.73	3,076.12
75-84 Years	13,315.54	13,163.90	12,800.99	13,093.48	12,982.45
85+ Years	48,829.09	47,958.66	44,787.95	47,191.90	46,373.30
St. Mary's County					
0-64 Years	153.94	169.74	193.67	172.45	181.7
65-74 Years	4,246.48	4,027.83	3,705.27	3,993.19	3,866.55
75-84 Years	15,696.91	14,125.25	14,298.47	14,706.88	14,211.86
85+ Years	56,855.27	59,524.91	54,762.48	57,047.55	57,143.69



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-3
TRENDS IN COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION BY JURISDICTION
OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION			AVERAGE COMP CARE USE RATES 2001-2003	AVERAGE COMP CARE USE RATES 2002-2003
	2001	2002	2003		
WESTERN MARYLAND					
Allegany County					
0-64 Years	245.95	258.58	332.50	279.01	295.54
65-74 Years	4,345.79	4,493.08	4,587.27	4,475.38	4,540.17
75-84 Years	21,655.42	20,717.05	20,825.97	21,066.15	20,771.51
85+ Years	96,470.18	94,233.36	99,992.29	96,898.61	97,112.82
Carroll County					
0-64 Years	131.19	128.36	128.62	129.39	128.49
65-74 Years	3,303.31	2,755.75	2,811.38	2,956.82	2,783.57
75-84 Years	14,763.01	13,594.45	13,275.65	13,877.70	13,435.05
85+ Years	69,949.44	70,937.80	68,864.72	69,917.32	69,901.26
Frederick County					
0-64 Years	125.22	124.18	137.66	129.02	130.92
65-74 Years	3,947.63	3,459.79	3,279.35	3,562.26	3,369.57
75-84 Years	19,007.89	17,889.33	17,528.22	18,141.81	17,708.77
85+ Years	95,069.48	92,049.93	90,318.51	92,479.31	91,184.22
Garrett County					
0-64 Years	318.24	300.06	237.19	285.16	268.62
65-74 Years	4,088.32	4,154.68	4,358.18	4,200.39	4,256.43
75-84 Years	18,294.20	20,853.37	18,542.35	19,229.97	19,697.86
85+ Years	90,528.59	87,567.07	89,866.25	89,320.64	88,716.66
Washington County					
0-64 Years	205.46	231.55	266.67	234.56	249.11
65-74 Years	3,465.81	3,584.17	3,741.60	3,597.19	3,662.89
75-84 Years	18,043.09	16,892.96	16,007.40	16,981.15	16,450.18
85+ Years	82,231.60	80,743.77	76,238.08	79,737.81	78,490.92
MONTGOMERY COUNTY					
0-64 Years	94.71	95.81	112.22	100.91	104.01
65-74 Years	1,941.37	1,892.51	1,948.63	1,927.50	1,920.57
75-84 Years	9,314.49	9,280.40	9,156.62	9,250.50	9,218.51
85+ Years	47,650.15	45,860.43	43,578.47	45,696.35	44,719.45
SOUTHERN MARYLAND					
Calvert County					
0-64 Years	136.42	121.63	144.87	134.31	133.25
65-74 Years	2,316.27	1,544.02	1,521.08	1,793.79	1,532.55
75-84 Years	15,378.18	13,786.78	13,335.00	14,166.65	13,560.89
85+ Years	75,599.64	80,393.69	72,993.82	76,329.05	76,693.75
Charles County					
0-64 Years	162.81	192.26	178.41	177.83	185.33
65-74 Years	3,198.21	3,054.22	3,423.51	3,225.31	3,238.87
75-84 Years	18,769.75	16,953.35	18,260.32	17,994.47	17,606.84
85+ Years	71,649.83	66,070.81	61,057.63	66,259.42	63,564.22
Prince George's County					
0-64 Years	172.1	184.44	193.46	183.33	188.95
65-74 Years	3,131.95	3,005.14	3,147.09	3,094.73	3,076.12
75-84 Years	13,315.54	13,163.90	12,800.99	13,093.48	12,982.45
85+ Years	48,829.09	47,958.66	44,787.95	47,191.90	46,373.30
St. Mary's County					
0-64 Years	153.94	169.74	193.67	172.45	181.7
65-74 Years	4,246.48	4,027.83	3,705.27	3,993.19	3,866.55
75-84 Years	15,696.91	14,125.25	14,298.47	14,706.88	14,211.86
85+ Years	56,855.27	59,524.91	54,762.48	57,047.55	57,143.69



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
 Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-3
TRENDS IN COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION BY JURISDICTION
OF RESIDENCE AND AGE GROUP: MARYLAND, 2001 2002 2003

Planning Region/ Jurisdiction/Age Group	COMPREHENSIVE CARE USE RATES PER 1,000 POPULATION			AVERAGE COMP CARE USE RATES 2001-2003	AVERAGE COMP CARE USE RATES 2002-2003
	2001	2002	2003		
Queen Anne's County					
0-64 Years	65.27	125.74	102.02	97.68	113.88
65-74 Years	2,300.28	2,338.54	2,108.55	2,249.12	2,223.55
75-84 Years	9,540.67	13,084.23	12,134.69	11,586.53	12,609.46
85+ Years	50,290.17	51,348.75	46,602.64	49,413.85	48,975.70
Somerset County					
0-64 Years	344.97	324.58	323.81	331.12	324.2
65-74 Years	3,811.82	5,184.10	5,749.48	4,915.13	5,466.79
75-84 Years	20,104.19	20,519.65	23,196.23	21,273.36	21,857.94
85+ Years	70,589.51	70,314.54	68,600.00	69,834.68	69,457.27
Talbot County					
0-64 Years	184.65	194.14	241.34	206.71	217.74
65-74 Years	2,379.15	1,740.38	2,548.58	2,222.71	2,144.48
75-84 Years	11,019.76	10,665.67	9,724.25	10,469.89	10,194.96
85+ Years	61,343.35	56,470.00	50,687.45	56,166.93	53,578.73
Wicomico County					
0-64 Years	287.23	277.62	297.57	287.47	287.59
65-74 Years	4,698.27	4,490.43	4,559.42	4,582.70	4,524.92
75-84 Years	16,706.77	17,634.87	16,859.77	17,067.14	17,247.32
85+ Years	62,182.51	64,022.47	59,465.44	61,890.14	61,743.95
Worcester County					
0-64 Years	194.14	226.68	232.89	217.9	229.78
65-74 Years	2,163.22	2,195.24	2,122.74	2,160.40	2,158.99
75-84 Years	9,199.83	10,000.32	9,346.57	9,515.57	9,673.44
85+ Years	54,895.07	57,158.87	51,559.36	54,537.77	54,359.12
Maryland Total					
0-64 Years	191.28	201.64	215.85	202.92	208.75
65-74 Years	3,383.80	3,303.63	3,448.97	3,378.80	3,376.30
75-84 Years	14,597.90	14,306.24	14,120.65	14,341.60	14,213.45
85+ Years	65,763.37	63,764.94	61,349.99	63,626.10	62,557.47



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-4
RANK OF COMPREHENSIVE CARE RETENTION RATES BY
JURISDICTION OF RESIDENCE: MARYLAND, 2001 2002 2003

Jurisdiction of Care	RETENTION					
	2001		2002		2003	
	Rate	Rank	Rate	Rank	Rate	Rank
Western Maryland						
Allegany County	95.52	23	94.34	23	95.03	23
Carroll County	73.70	8	75.76	10	77.75	13
Frederick County	85.09	17	86.47	19	86.89	19
Garrett County	90.75	21	91.78	21	92.36	22
Washington County	96.52	24	96.92	24	96.52	24
Montgomery County	92.39	22	92.14	22	91.92	21
Southern Maryland						
Calvert County	76.74	13	73.67	8	72.70	8
Charles County	65.94	4	67.06	4	63.96	4
Prince George's County	72.84	6	72.17	6	72.25	7
St. Mary's County	88.26	20	83.95	17	83.98	17
Central Maryland						
Anne Arundel County	79.64	16	79.76	15	79.71	15
Baltimore County	76.27	12	75.97	11	74.94	9
Baltimore City	63.79	3	64.41	3	63.67	3
Harford County	75.35	10	76.96	12	76.89	11
Howard County	47.40	2	46.34	1	47.51	1
Eastern Shore						
Caroline County	73.42	7	72.50	7	71.98	6
Cecil County	78.73	14	76.99	13	77.37	12
Dorchester County	79.25	15	79.95	16	80.82	16
Kent County	87.40	19	86.09	18	89.07	20
Queen Anne's County	46.78	1	59.00	2	56.43	2
Somerset County	69.57	5	70.57	5	70.70	5
Talbot County	75.86	11	78.79	14	78.23	14
Wicomico County	86.14	18	86.56	20	86.76	18
Worcester County	74.00	9	73.79	9	75.14	10



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

Table A-5
NURSING HOME OCCUPANCY BY COUNTY: MARYLAND, 1992 - 2002
(Even years only)

	OCCUPANCY											
	1992		1994		1996		1998		2000		2002	
Western Maryland	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK
Allegany	97.50%	3	95.72%	9	96.24%	4	93.65%	2	95.28%	1	94.52%	1
Carroll County	96.09%	11	93.41%	13	95.35%	5	91.95%	6	89.60%	11	91.18%	7
Frederick County	97.74%	2	97.06%	3	93.85%	11	91.21%	8	92.52%	4	89.70%	9
Garrett County	86.98%	23	95.92%	8	94.71%	9	89.38%	13	93.24%	3	92.13%	5
Washington County	97.24%	6	96.60%	5	94.62%	10	89.28%	14	83.24%	22	85.08%	19
Montgomery County	91.82%	20	91.27%	18	93.61%	12	89.22%	15	88.13%	13	89.78%	8
Southern Maryland												
Calvert County	97.49%	4	89.66%	22	95.21%	6	85.94%	20	89.84%	10	89.35%	13
Charles County	96.80%	8	96.45%	6	96.80%	2	97.63%	1	95.19%	2	92.87%	4
Prince George's County	96.28%	9	92.53%	14	90.95%	17	90.91%	11	89.07%	12	89.39%	12
St. Mary's County	98.18%	1	93.81%	12	96.62%	3	92.72%	4	90.33%	9	89.66%	10
Central Maryland												
Anne Arundel	96.10%	10	92.35%	15	92.44%	15	87.04%	19	85.68%	19	89.54%	11
Baltimore County	94.64%	15	91.11%	19	89.41%	21	83.69%	23	86.37%	17	88.59%	14
Baltimore City	92.33%	19	91.53%	17	88.82%	22	83.71%	22	84.13%	21	87.49%	15
Harford County	96.99%	7	97.44%	1	95.00%	8	92.17%	5	92.29%	5	91.48%	6
Howard County	89.44%	22	86.05%	23	93.01%	13	87.33%	18	75.16%	24	72.73%	24
Eastern Shore												
Caroline County	90.83%	21	90.76%	20	90.66%	19	91.78%	7	85.99%	18	83.02%	20
Cecil County	97.43%	5	97.09%	2	95.01%	7	91.12%	9	85.05%	20	85.98%	17
Dorchester County	94.88%	14	90.39%	21	83.94%	24	88.94%	16	86.49%	16	82.16%	21
Kent County	68.01%	24	75.18%	24	91.29%	16	88.83%	17	90.46%	8	94.12%	2
Queen Anne's County	93.02%	17	96.28%	7	89.98%	20	84.41%	21	90.61%	7	85.77%	18
Somerset County	95.85%	12	95.32%	10	96.98%	1	93.65%	3	90.66%	6	92.98%	3
Talbot County	93.01%	18	94.08%	11	90.92%	18	90.22%	12	86.90%	14	81.31%	22
Wicomico County	93.27%	16	91.54%	16	86.44%	23	78.27%	24	76.50%	23	86.08%	16
Worcester County	95.49%	13	96.74%	4	92.56%	14	91.06%	10	86.76%	15	79.74%	23
Maryland	94.10%		92.60%		91.03%		87.38%		86.93%		88.46%	



NOTE: Occupancy figures exclude Charlotte Hall Veterans Home and Atlantic General Hospital comprehensive care beds

TABLE A-6
TOTAL POPULATION BY JURISDICTION AND AGE GROUP:
MARYLAND, 2001 2002 2003 AND PROJECTED YEAR 2010

Local Health Planning Region/ Jurisdiction/Age Group	POPULATION				CHANGE RATE			
					2001 TO 2003		2003 TO 2010	
	2001	2002	2003	2010	NUMBER	PERCENT	NUMBER	PERCENT
WESTERN MARYLAND								
Allegany County								
0-64 Years	55,897	55,527	55,158	53,687	-739	-1%	-1,471	-3%
65-74 Years	6,475	6,342	6,210	6,146	-265	-4%	-64	-1%
75-84 Years	4,623	4,597	4,570	4,085	-53	-1%	-485	-11%
85+ Years	1,308	1,367	1,426	1,799	118	9%	373	26%
TOTAL	68,303	67,833	67,364	65,717	-939	-1%	-1,647	-2%
Carroll County								
0-64 Years	135,136	138,165	141,195	153,517	6,059	4%	12,322	9%
65-74 Years	8,650	8,888	9,125	12,220	476	5%	3,095	34%
75-84 Years	5,578	5,840	6,103	7,064	524	9%	961	16%
85+ Years	1,563	1,643	1,724	2,331	161	10%	607	35%
TOTAL	150,926	154,536	158,147	175,132	7,220	5%	16,985	11%
Frederick County								
0-64 Years	177,403	181,587	185,771	210,116	8,368	5%	24,345	13%
65-74 Years	10,025	10,246	10,467	13,986	442	4%	3,519	34%
75-84 Years	6,264	6,410	6,555	7,144	291	5%	589	9%
85+ Years	1,583	1,686	1,790	2,538	206	13%	748	42%
TOTAL	195,276	199,929	204,583	233,784	9,307	5%	29,201	14%
Garrett County								
0-64 Years	25,088	25,055	25,023	25,055	-66	0%	32	0%
65-74 Years	2,348	2,378	2,407	2,959	59	3%	552	23%
75-84 Years	1,414	1,439	1,464	1,569	50	4%	105	7%
85+ Years	416	432	449	563	32	8%	114	26%
TOTAL	29,267	29,305	29,342	30,146	76	0%	804	3%
Washington County								
0-64 Years	106,528	107,851	109,175	114,848	2,646	2%	5,673	5%
65-74 Years	9,607	9,641	9,675	10,301	68	1%	626	6%
75-84 Years	6,224	6,300	6,377	6,604	153	2%	227	4%
85+ Years	1,695	1,812	1,930	2,423	234	14%	493	26%
TOTAL	124,054	125,605	127,156	134,176	3,102	3%	7,020	6%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-6
TOTAL POPULATION BY JURISDICTION AND AGE GROUP:
MARYLAND, 2001 2002 2003 AND PROJECTED YEAR 2010

Local Health Planning Region/ Jurisdiction/Age Group	POPULATION				CHANGE RATE			
					2001 TO 2003		2003 TO 2010	
	2001	2002	2003	2010	NUMBER	PERCENT	NUMBER	PERCENT
MONTGOMERY COUNTY								
0-64 Years	782,404	793,401	804,397	863,275	21,994	3%	58,878	7%
65-74 Years	50,419	51,358	52,298	69,880	1,879	4%	17,582	34%
75-84 Years	33,851	34,664	35,476	37,476	1,626	5%	2,000	6%
85+ Years	10,669	11,352	12,036	16,889	1,366	13%	4,853	40%
TOTAL	877,342	890,775	904,207	987,520	26,865	3%	83,313	9%
SOUTHERN MARYLAND								
Calvert County								
0-64 Years	70,123	72,565	75,006	83,228	4,884	7%	8,222	11%
65-74 Years	3,804	3,971	4,137	6,197	333	9%	2,060	50%
75-84 Years	2,234	2,318	2,401	2,640	167	7%	239	10%
85+ Years	557	602	647	910	90	16%	263	41%
TOTAL	76,719	79,455	82,192	92,975	5,473	7%	10,783	13%
Charles County								
0-64 Years	113,271	116,286	119,300	134,881	6,029	5%	15,581	13%
65-74 Years	5,718	6,082	6,447	10,167	728	13%	3,720	58%
75-84 Years	3,000	3,125	3,251	4,159	250	8%	908	28%
85+ Years	752	813	875	1,321	122	16%	446	51%
TOTAL	122,742	126,307	129,872	150,528	7,130	6%	20,656	16%
Prince George's County								
0-64 Years	732,096	739,103	746,111	769,778	14,014	2%	23,667	3%
65-74 Years	37,650	39,088	40,526	53,093	2,876	8%	12,567	31%
75-84 Years	18,748	19,166	19,583	22,100	836	4%	2,517	13%
85+ Years	4,890	5,253	5,617	7,729	726	15%	2,112	38%
TOTAL	793,384	802,610	811,837	852,700	18,452	2%	40,863	5%
St. Mary's County								
0-64 Years	77,769	79,209	80,648	88,153	2,880	4%	7,505	9%
65-74 Years	4,333	4,528	4,723	6,942	390	9%	2,219	47%
75-84 Years	2,458	2,539	2,620	2,890	162	7%	270	10%
85+ Years	640	695	749	1,114	110	17%	365	49%
TOTAL	85,200	86,970	88,741	99,099	3,541	4%	10,358	12%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-6
TOTAL POPULATION BY JURISDICTION AND AGE GROUP:
MARYLAND, 2001 2002 2003 AND PROJECTED YEAR 2010

Local Health Planning Region/ Jurisdiction/Age Group	POPULATION				CHANGE RATE			
					2001 TO 2003		2003 TO 2010	
	2001	2002	2003	2010	NUMBER	PERCENT	NUMBER	PERCENT
CENTRAL MARYLAND								
Anne Arundel County								
0-64 Years	430,087	433,300	436,514	446,362	6,427	1%	9,848	2%
65-74 Years	28,141	28,772	29,402	38,716	1,262	4%	9,314	32%
75-84 Years	16,218	16,698	17,177	18,835	959	6%	1,658	10%
85+ Years	3,784	4,025	4,266	6,161	482	13%	1,895	44%
TOTAL	478,230	482,795	487,359	510,074	9,129	2%	22,715	5%
Baltimore County								
0-64 Years	637,038	642,599	648,160	671,209	11,122	2%	23,049	4%
65-74 Years	53,960	53,151	52,343	56,140	-1,617	-3%	3,797	7%
75-84 Years	40,447	40,781	41,114	37,110	667	2%	-4,004	-10%
85+ Years	11,156	12,019	12,881	18,139	1,726	15%	5,258	41%
TOTAL	742,601	748,550	754,498	782,598	11,898	2%	28,100	4%
Baltimore City								
0-64 Years	539,835	536,064	532,292	527,107	-7,543	-1%	-5,185	-1%
65-74 Years	42,454	41,375	40,297	39,218	-2,158	-5%	-1,079	-3%
75-84 Years	29,259	28,900	28,540	24,802	-718	-2%	-3,738	-13%
85+ Years	8,915	9,188	9,460	12,030	545	6%	2,570	27%
TOTAL	620,464	615,527	610,589	603,157	-9,874	-2%	-7,432	-1%
Harford County								
0-64 Years	198,404	201,292	204,181	223,234	5,777	3%	19,053	9%
65-74 Years	13,193	13,587	13,980	19,109	787	6%	5,129	37%
75-84 Years	7,510	7,914	8,317	10,095	807	11%	1,778	21%
85+ Years	1,738	1,869	2,001	3,264	263	15%	1,263	63%
TOTAL	220,845	224,662	228,479	255,702	7,634	3%	27,223	12%
Howard County								
0-64 Years	231,200	235,341	239,483	260,946	8,283	4%	21,463	9%
65-74 Years	10,747	11,304	11,862	18,028	1,115	10%	6,166	52%
75-84 Years	5,648	5,860	6,071	7,521	423	7%	1,450	24%
85+ Years	1,664	1,789	1,913	2,763	249	15%	850	44%
TOTAL	249,259	254,294	259,329	289,258	10,070	4%	29,929	12%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-6
TOTAL POPULATION BY JURISDICTION AND AGE GROUP:
MARYLAND, 2001 2002 2003 AND PROJECTED YEAR 2010

Local Health Planning Region/ Jurisdiction/Age Group	POPULATION				CHANGE RATE			
					2001 TO 2003		2003 TO 2010	
	2001	2002	2003	2010	NUMBER	PERCENT	NUMBER	PERCENT
EASTERN SHORE								
Caroline County								
0-64 Years	25,841	26,113	26,386	27,649	544	2%	1,263	5%
65-74 Years	2,071	2,075	2,079	2,364	8	0%	285	14%
75-84 Years	1,317	1,319	1,320	1,330	4	0%	10	1%
85+ Years	387	406	425	525	38	10%	100	24%
TOTAL	29,616	29,913	30,210	31,868	594	2%	1,658	5%
Cecil County								
0-64 Years	78,108	79,844	81,581	89,195	3,473	4%	7,614	9%
65-74 Years	5,017	5,090	5,164	6,455	146	3%	1,291	25%
75-84 Years	2,868	2,928	2,988	3,076	120	4%	88	3%
85+ Years	648	689	729	970	82	13%	241	33%
TOTAL	86,641	88,551	90,462	99,696	3,821	4%	9,234	10%
Dorchester County								
0-64 Years	24,919	24,958	24,996	25,070	78	0%	74	0%
65-74 Years	2,809	2,808	2,807	3,173	-2	0%	366	13%
75-84 Years	1,821	1,845	1,869	1,898	48	3%	29	2%
85+ Years	533	548	564	701	31	6%	137	24%
TOTAL	30,081	30,159	30,236	30,842	155	1%	606	2%
Kent County								
0-64 Years	14,493	14,629	14,765	15,370	272	2%	605	4%
65-74 Years	1,865	1,862	1,858	2,365	-7	0%	507	27%
75-84 Years	1,278	1,295	1,313	1,326	34	3%	13	1%
85+ Years	391	420	450	637	58	15%	187	42%
TOTAL	18,028	18,207	18,385	19,698	358	2%	1,313	7%
Queen Anne's County								
0-64 Years	35,883	36,766	37,649	42,169	1,766	5%	4,520	12%
65-74 Years	3,029	3,084	3,140	4,169	110	4%	1,029	33%
75-84 Years	1,692	1,738	1,785	1,976	93	6%	191	11%
85+ Years	462	489	515	699	54	12%	184	36%
TOTAL	41,066	42,077	43,089	49,013	2,023	5%	5,924	14%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-6
TOTAL POPULATION BY JURISDICTION AND AGE GROUP:
MARYLAND, 2001 2002 2003 AND PROJECTED YEAR 2010

Local Health Planning Region/ Jurisdiction/Age Group	POPULATION				CHANGE RATE			
					2001 TO 2003		2003 TO 2010	
	2001	2002	2003	2010	NUMBER	PERCENT	NUMBER	PERCENT
Somerset County								
0-64 Years	16,630	16,717	16,803	16,867	173	1%	64	0%
65-74 Years	1,864	1,841	1,819	1,891	-46	-2%	72	4%
75-84 Years	1,123	1,145	1,167	1,164	44	4%	-3	0%
85+ Years	324	337	350	426	26	8%	76	22%
TOTAL	19,942	20,040	20,139	20,348	197	1%	209	1%
Talbot County								
0-64 Years	26,883	27,130	27,376	28,381	493	2%	1,005	4%
65-74 Years	3,521	3,536	3,551	4,416	30	1%	865	24%
75-84 Years	2,450	2,483	2,517	2,505	67	3%	-12	0%
85+ Years	672	703	735	957	62	9%	222	30%
TOTAL	33,526	33,852	34,179	36,259	652	2%	2,080	6%
Wicomico County								
0-64 Years	72,039	72,754	73,470	79,283	1,430	2%	5,813	8%
65-74 Years	5,677	5,622	5,568	6,192	-110	-2%	624	11%
75-84 Years	3,566	3,626	3,685	3,823	120	3%	138	4%
85+ Years	976	1,015	1,053	1,332	77	8%	279	26%
TOTAL	82,259	83,017	83,776	90,630	1,517	2%	6,854	8%
Worcester County								
0-64 Years	37,458	38,032	38,607	40,572	1,148	3%	1,965	5%
65-74 Years	5,654	5,806	5,959	7,234	305	5%	1,275	21%
75-84 Years	2,996	3,155	3,315	4,055	319	11%	740	22%
85+ Years	686	731	777	1,175	90	13%	398	51%
TOTAL	46,794	47,725	48,657	53,036	1,863	4%	4,379	9%
MARYLAND								
0-64 Years	4,644,533	4,694,290	4,744,045	4,989,952	99,512	2%	245,907	5%
65-74 Years	319,032	322,437	325,842	401,361	6,810	2%	75,519	23%
75-84 Years	202,587	206,083	209,580	215,247	6,992	3%	5,667	3%
85+ Years	56,410	59,885	63,360	87,396	6,950	12%	24,036	38%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A-7
COMPREHENSIVE CARE USE RATES AND RANK (HIGHEST TO LOWEST) PER
1,000 POPULATION BY AGE GROUP AND JURISDICTION: MARYLAND, 2003

COMP/ECF USE RATES (2003)								
PLANNING REGION/ JURISDICTION	PATIENT DAYS PER 1,000 POP 0-64 YEARS		PATIENT DAYS PER 1,000 POP 65-74 YEARS		PATIENT DAYS PER 1,000 POP 75-84 YEARS		PATIENT DAYS PER 1,000 POP 85+ YEARS	
	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK
WESTERN MARYLAND								
Allegany County	332.5	2	4,587.27	5	20,825.97	2	99,992.29	1
Carroll Conty	128.62	20	2,811.38	15	13,275.65	13	68,864.72	8
Frederick County	137.66	19	3,279.35	12	17,528.22	5	90,318.51	2
Garrett County	237.19	9	4,358.18	7	18,542.35	3	89,866.25	3
Washington County	266.67	6	3,741.60	8	16,007.40	9	76,238.08	5
MONTGOMERY COUNTY	112.22	21	1,948.63	22	9,156.62	23	43,578.47	22
SOUTHERN MARYLAND								
Calvert County	144.87	18	1,521.08	24	13,335.00	12	72,993.82	7
Charles County	178.41	15	3,423.51	11	18,260.32	4	61,057.63	10
Prince George's County	193.46	13	3,147.09	13	12,800.99	15	44,787.95	20
St. Mary's County	193.67	12	3,705.27	9	14,298.47	10	54,762.48	14
CENTRAL MARYLAND								
Anne Arundel County	154.65	17	2,380.38	19	9,663.91	21	40,195.26	23
Baltimore County	219.26	11	3,141.44	14	11,840.24	18	49,612.78	18
Baltimore City	574.2	1	6,484.67	1	16,654.36	8	56,527.66	13
Harford County	101.92	23	2,606.62	17	10,343.26	19	44,129.35	21
Howard County	73.25	24	1,892.97	23	8,336.74	24	34,351.35	24
EASTERN SHORE								
Caroline County	265.56	7	5,651.27	3	16,981.98	6	74,898.82	6
Cecil County	160.64	16	3,654.43	10	12,731.26	16	50,939.13	16
Dorchester County	329.25	3	4,660.49	4	13,070.63	14	56,596.31	12
Kent County	178.8	14	2,690.78	16	13,980.65	11	85,774.02	4
Queen Anne's County	102.02	22	2,108.55	21	12,134.69	17	46,602.64	19
Somerset County	323.81	4	5,749.48	2	23,196.23	1	68,600.00	9
Talbot County	241.34	8	2,548.58	18	9,724.25	20	50,687.45	17
Wicomico County	297.57	5	4,559.42	6	16,859.77	7	59,465.44	11
Worcester County	232.89	10	2,122.74	20	9,346.57	22	51,559.36	15
MARYLAND	215.85	.	3,448.97	.	14,120.65	.	61,349.99	.
LESS THAN AVERAGE	13	.	14	.	14	.	15	.
GREATER THAN AVERAGE	11	.	10	.	10	.	9	.



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A - 8
COMPREHENSIVE CARE BED TO POPULATION (PER 1,000) AND RANK (HIGHEST TO LOWEST)
PER 1,000 POPULATION BY AGE GROUP AND JURISDICTION: MARYLAND, 2003

COMP/ECF CAPACITY (2003)						
PLANNING REGION/ JURISDICTION	BEDS PER 1,000 POPULATION 65+ YEARS		BEDS PER 1,000 POPULATION 75+ YEARS		BEDS PER 1,000 POPULATION 85+ YEARS	
	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK
WESTERN MARYLAND						
Allegany County	78.73	1	160.26	2	673.91	2
Carroll Conty	56.16	10	121.64	9	552.27	8
Frederick County	57.57	8	129.78	6	605.16	6
Garrett County	74.31	2	167.83	1	715.56	1
Washington County	69.24	3	149.88	3	645.21	3
MONTGOMERY COUNTY	49.13	15	103.22	17	407.46	21
SOUTHERN MARYLAND						
Calvert County	41.19	19	97.11	19	457.50	18
Charles County	41.71	17	106.90	15	504.23	10
Prince George's County	43.96	16	114.64	13	514.37	9
St. Mary's County	41.64	18	100.02	18	449.69	19
CENTRAL MARYLAND						
Anne Arundel County	35.70	21	84.64	21	425.46	20
Baltimore County	58.75	7	115.69	12	484.96	14
Baltimore City	60.07	6	123.76	8	497.14	11
Harford County	29.51	23	69.49	24	358.36	22
Howard County	28.62	24	71.14	23	296.88	24
EASTERN SHORE						
Caroline County	54.91	11	120.32	10	494.12	12
Cecil County	52.36	13	125.09	7	637.51	5
Dorchester County	53.06	12	114.27	14	493.08	13
Kent County	56.90	9	116.90	11	458.19	17
Queen Anne's County	29.78	22	77.88	22	314.32	23
Somerset County	62.06	5	136.45	5	591.43	7
Talbot County	50.57	14	105.80	16	468.28	16
Wicomico County	65.79	4	143.08	4	643.75	4
Worcester County	37.01	20	90.92	20	479.01	15
MARYLAND	50.77	.	111.38	.	479.81	.
LESS THAN AVERAGE	11	.	11	.	15	.
GREATER THAN AVERAGE	13	.	13	.	9	.



Source: Maryland Health Care Commission, Nursing Home Bed Inventory.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A - 9
COMPREHENSIVE CARE BED TO 1,000 AGE 75+ POPULATION
BY JURISDICTION, MARYLAND 2003 - 2005

BED TO POPULATION RATIOS, MARYLAND 75+ AGE GROUP, 2003, 2004, 2005						
PLANNING REGION/ JURISDICTION	2003 BEDS PER 1,000 POPULATION 75+ YEARS		2004 BEDS PER 1,000 POPULATION 75+ YEARS		2005 BEDS PER 1,000 POPULATION 75+ YEARS	
	NUMBER	RANK	NUMBER	RANK	NUMBER	RANK
WESTERN MARYLAND						
Allegany County	160.26	2	159.39	1	158.53	1
Carroll Conty	121.64	9	116.54	10	112.43	11
Frederick County	129.78	6	126.03	6	123.61	6
Garrett County	167.83	1	157.64	2	154.39	2
Washington County	149.88	3	146.47	3	143.20	3
MONTGOMERY COUNTY	103.22	17	99.64	17	95.66	17
SOUTHERN MARYLAND						
Calvert County	97.11	19	93.18	19	89.56	19
Charles County	106.90	15	102.28	16	98.04	16
Prince George's County	114.64	13	111.43	13	108.62	13
St. Mary's County	100.02	18	96.14	18	92.56	18
CENTRAL MARYLAND						
Anne Arundel County	84.64	21	81.89	20	79.31	20
Baltimore County	115.69	12	112.30	12	109.69	12
Baltimore City	123.76	8	120.75	8	120.60	7
Harford County	69.49	24	66.06	23	62.96	23
Howard County	71.14	23	68.27	22	65.62	22
EASTERN SHORE						
Caroline County	120.32	10	116.07	11	114.72	10
Cecil County	125.09	7	121.79	7	118.65	8
Dorchester County	114.27	14	104.35	14	102.71	14
Kent County	116.90	11	118.32	9	115.36	9
Queen Anne's County	77.88	22	63.20	24	61.30	24
Somerset County	136.45	5	133.38	5	130.43	4
Talbot County	105.80	16	103.73	15	101.75	15
Wicomico County	143.08	4	135.01	4	130.29	5
Worcester County	90.92	20	80.07	21	76.43	21
MARYLAND	111.38	.	107.59	.	104.76	.
LESS THAN AVERAGE	11	.	11	.	11	.
GREATER THAN AVERAGE	13	.	13	.	13	.



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A - 10
TRENDS IN ADJACENT STATE POPULATION: 2000 - 2003, AND 2010

ADJACENT STATE	POPULATION					PERCENT CHANGE	
	2000	2001	2002	2003	2010	2000 - 2003	2003 - 2010
Delaware							
0-64	670,930	678,318	682,460	690,486	708,573	2.91%	2.62%
65-74	51,280	50,827	56,446	50,260	57,752	-1.99%	14.91%
75-84	34,715	35,313	34,205	36,478	34,937	5.08%	-4.22%
85+	10,634	11,197	9,110	12,150	15,875	14.26%	30.66%
Pennsylvania							
0-64	10,302,101	10,329,661	10,120,438	10,376,090	10,443,729	0.72%	0.65%
65-74	956,463	936,419	902,388	900,881	954,304	-5.81%	5.93%
75-84	709,212	713,697	679,738	722,701	651,023	1.90%	-9.92%
85+	234,274	241,114	194,958	253,642	302,592	8.27%	19.30%
West Virginia							
0-64	1,554,140	1,555,021	1,494,100	1,554,899	1,535,704	0.05%	-1.23%
65-74	154,930	154,708	143,811	168,135	172,048	8.52%	2.33%
75-84	99,925	100,885	95,285	103,742	103,615	3.82%	-0.12%
85+	31,988	32,666	24,900	33,900	39,617	5.98%	16.86%
Virginia							
0-64	6,208,584	6,267,818	6,291,731	6,378,067	6,809,079	2.73%	6.76%
65-74	421,824	422,542	429,241	427,705	518,749	1.39%	21.29%
75-84	276,225	281,238	266,409	290,990	295,161	5.35%	1.43%
85+	90,373	94,151	75,866	101,184	130,802	11.96%	29.27%
District of Columbia							
0-64	454,892	454,570	471,451	457,554	495,261	0.59%	8.24%
65-74	35,951	35,083	33,085	33,718	35,037	-6.21%	3.91%
75-84	23,979	23,615	23,757	23,039	20,384	-3.92%	-11.52%
85+	8,506	8,466	7,339	8,476	9,631	-0.35%	13.63%



Source: Maryland Health Care Commission, 2001 - 2003 MDS Data.
Maryland Office of Planning, Population Estimates, Revised May 2004

TABLE A - 11
TRENDS IN NURSING HOME BEDS AND DAYS BY PAYMENT SOURCE
MARYLAND, FISCAL YEARS 1990 - 2003

YEAR	LICENSED BEDS (End of FY)	PATIENT DAYS			TOTAL
		PRIVATE PAY	MARYLAND MEDICAL ASSISTANCE PROGRAM	OTHER PAYMENT SOURCE	
1990	26,581	2,843,307	5,620,862	567,920	9,032,089
1991	27,113	2,762,749	5,965,125	453,581	9,181,455
1992	27,442	2,664,120	6,151,061	555,516	9,370,697
1993	27,719	2,619,356	6,121,044	622,754	9,363,154
1994	28,660	2,559,978	6,170,079	757,224	9,487,281
1995	29,128	2,556,137	6,262,920	877,109	9,696,166
1996	30,324	2,487,362	6,162,836	949,254	9,599,452
1997	30,307	2,401,704	6,134,353	1,094,281	9,630,338
1998	30,297	2,430,547	6,045,823	1,150,506	9,626,876
1999	28,685	2,301,470	5,771,657	1,091,575	9,164,702
2000	29,780	2,262,385	5,897,406	1,160,443	9,320,234
2001	29,974	2,276,546	5,933,089	1,194,509	9,404,144
2002	29,578	2,130,881	5,866,137	1,350,522	9,347,540
2003	28,778	2,033,696	5,799,894	1,512,697	9,346,287
PERCENT CHANGE					
1990-1991	2.00%	-2.83%	6.12%	-20.13%	1.65%
1991-1992	1.21%	-3.57%	3.12%	22.47%	2.06%
1992-1993	1.01%	-1.68%	-0.49%	12.10%	-0.08%
1993-1994	3.39%	-2.27%	0.80%	21.59%	1.33%
1994-1995	1.63%	-0.15%	1.50%	15.83%	2.20%
1995-1996	4.11%	-2.69%	-1.60%	8.23%	-1.00%
1996-1997	-0.06%	-3.44%	-0.46%	15.28%	0.32%
1997-1998	-0.03%	1.20%	-1.44%	5.14%	-0.04%
1998-1999	-5.32%	-5.31%	-4.53%	-5.12%	-4.80%
1999-2000	3.82%	-1.70%	2.18%	6.31%	1.70%
2000-2001	0.65%	0.63%	0.61%	2.94%	0.90%
2001-2002	-1.32%	-6.40%	-1.13%	13.06%	-0.60%
2002-2003	-2.70%	-4.56%	-1.13%	12.01%	-0.01%
1990-1995	9.58%	-10.10%	11.42%	54.44%	7.35%
1995-2000	2.24%	-11.49%	-5.84%	32.30%	-3.88%
2000-2003	-3.36%	-10.11%	-1.65%	30.36%	0.28%

TABLE A - 12
Trends in Population, Nursing Home Patient Days and Use Rate:
Maryland, 2000 - 2003

Year/Age Group	Population	Patient Days	Use Rate
2000			
0-64 Years	4,594,778	811,035	178.49
65-74 Years	315,626	1,017,642	3415.34
75-84 Years	199,091	2,569,749	14330.43
85+ Years	52,935	3,216,857	68279.03
2001			
0-64 Years	4,644,533	867,904	191.28
65-74 Years	319,032	1,036,254	3,383.80
75-84 Years	202,587	2,635,492	14,597.90
85+ Years	56,410	3,278,051	65,763.37
2002			
0-64 Years	4,694,290	921,536	201.64
65-74 Years	322,437	1,043,816	3,303.63
75-84 Years	206,083	2,655,768	14,306.24
85+ Years	59,885	3,329,752	63,764.94
2003			
0-64 Years	4,744,045	1,010,843	215.85
65-74 Years	325,842	1,077,955	3,448.97
75-84 Years	209,580	2,659,019	14,120.65
85+ Years	63,360	3,354,798	61,349.99
Percent Change : 2000 to 2003			
0-64 Years	3.25%	24.64%	20.93%
65-74 Years	3.24%	5.93%	0.98%
75-84 Years	5.27%	3.47%	-1.46%
85+ Years	19.69%	4.29%	-10.15%



Source: Maryland Health Care Commission: from MD Department of Planning population estimates and projections and USDHHS MDS data.

**APPENDIX B:
NURSING HOME BED NEED PROJECTIONS**

Table B-1
Projected Comprehensive Care/ECF Bed Need: Maryland, 2010
Current Methodology
Option 1

Planning Area/Jurisdiction	Inventory (Aug. 1, 2005)					2010 Projected Bed Need				
	Licensed Beds	Temp. De-licensed Beds	CON-Approved Beds	Waiver Beds	Total Beds	Gross Bed Need Projection	Net Beds	Net Bed Need	CBS Adjustment	2010 Adjusted Net Bed Need
Western Maryland										
Allegany County	915	20	0	26	961	1,014	53	53	90	0
Carroll County	947	0	0	10	957	1,029	72	72	115	0
Frederick County	1,092	0	1	0	1,093	1,243	150	150	112	38
Garrett County	279	20	0	9	308	331	23	23	28	0
Washington County	1,139	100	0	6	1,245	1,255	10	10	121	0
Total	4,372	140	1	51	4,564	4,873	309	309	466	38
Montgomery County	4,621	150	0	60	4,831	4,603	-228	0	489	0
Total	4,621	150	0	60	4,831	4,603	-228	0	489	0
Southern Maryland										
Calvert County	296	0	0	0	296	382	86	86	29	57
Charles County	429	12	0	0	441	598	157	157	43	114
Prince George's County	2,854	18	0	35	2,907	3,294	387	387	281	106
St. Mary's County	322	15	0	0	337	528	191	191	57	134
Total	3,901	45	0	35	3,981	4,802	821	821	410	411
Central Maryland										
Anne Arundel County	1,765	17	0	33	1,815	1,854	39	39	188	0
Baltimore County	5,556	389	70	170	6,185	5,311	-874	0	419	0
Baltimore City	4,317	190	5	50	4,562	4,399	-163	0	489	0
Harford County	703	0	0	14	717	930	213	213	106	107
Howard County	435	60	63	10	568	592	24	24	28	0
Total	12,776	656	138	277	13,847	13,086	-761	276	1,230	107
Eastern Shore										
Caroline County	205	0	0	0	205	238	33	33	16	17
Cecil County	446	0	9	10	465	468	3	3	50	0
Dorchester County	258	0	0	0	258	238	-20	0	14	0
Kent County	214	0	0	0	214	258	44	44	28	15
Queen Anne's County	150	0	0	0	150	190	40	40	12	28
Somerset County	204	0	0	3	207	215	8	8	19	0
Talbot County	344	0	0	0	344	298	-46	0	41	0
Wicomico County	643	0	0	0	643	612	-31	0	51	0
Worcester County	331	11	2	0	344	429	85	85	62	22
Total	2,795	11	11	13	2,830	2,945	115	213	294	82
Maryland Total	28,465	1,002	150	436	30,053	30,309	256	1,618	2,888	638

Source: Maryland Health Care Commission

Table B-2
Projected Comprehensive Care/ECF Bed Need: Maryland, 2010
Constant Use Rate, Default Migration, Post CBS Adjustment
Option 2

Planning Area/Jurisdiction	Inventory (Aug. 1, 2005)					2010 Projected Bed Need				
	Licensed Beds	Temp. De-licensed Beds	CON-Approved Beds	Waiver Beds	Total Beds	Gross Bed Need Projection	Net Beds	Net Bed Need	CBS Adjustment	2010 Adjusted Net Bed Need
Western Maryland										
Allegany County	915	20	0	26	961	1,035	74	74	92	0
Carroll County	947	0	0	10	957	1,004	47	47	112	0
Frederick County	1,092	0	1	0	1,093	1,210	117	117	109	8
Garrett County	279	20	0	9	308	327	19	19	28	0
Washington County	1,139	100	0	6	1,245	1,228	-17	0	119	0
Total	4,372	140	1	51	4,564	4,805	241	258	459	8
Montgomery County	4,621	150	0	60	4,831	4,520	-311	0	480	0
Total	4,621	150	0	60	4,831	4,520	-311	0	480	0
Southern Maryland										
Calvert County	296	0	0	0	296	366	70	70	27	42
Charles County	429	12	0	0	441	587	146	146	42	104
Prince George's County	2,854	18	0	35	2,907	3,256	349	349	278	71
St. Mary's County	322	15	0	0	337	516	179	179	56	123
Total	3,901	45	0	35	3,981	4,725	744	744	403	340
Central Maryland										
Anne Arundel County	1,765	17	0	33	1,815	1,819	4	4	185	0
Baltimore County	5,556	389	70	170	6,185	5,160	-1,025	0	407	0
Baltimore City	4,317	190	5	50	4,562	4,423	-139	0	491	0
Harford County	703	0	0	14	717	912	195	195	104	91
Howard County	435	60	63	10	568	568	0	0	27	0
Total	12,776	656	138	277	13,847	12,882	-965	199	1,214	91
Eastern Shore										
Caroline County	205	0	0	0	205	242	37	37	17	21
Cecil County	446	0	9	10	465	467	2	2	50	0
Dorchester County	258	0	0	0	258	239	-19	0	14	0
Kent County	214	0	0	0	214	244	30	30	27	3
Queen Anne's County	150	0	0	0	150	187	37	37	12	25
Somerset County	204	0	0	3	207	222	15	15	19	0
Talbot County	344	0	0	0	344	286	-58	0	39	0
Wicomico County	643	0	0	0	643	604	-39	0	50	0
Worcester County	331	11	2	0	344	418	74	74	61	14
Total	2,795	11	11	13	2,830	2,911	81	196	289	63
Maryland Total	28,465	1,002	150	436	30,053	29,843	-210	1,397	2,846	502

Source: Maryland Health Care Commission

Table B-3
Projected Comprehensive Care/ECF Bed Need: Maryland, 2010
Constant Use Rate (Minus 5%), Default Migration, Post CBS Adjustment
Option 3

Planning Area/Jurisdiction	Inventory (Aug. 1, 2005)					2010 Projected Bed Need				
	Licensed Beds	Temp. De-licensed Beds	CON-Approved Beds	Waiver Beds	Total Beds	Gross Bed Need Projection	Net Beds	Net Bed Need	CBS Adjustment	2010 Adjusted Net Bed Need
Western Maryland										
Allegany County	915	20	0	26	961	992	31	31	88	0
Carroll County	947	0	0	10	957	960	3	3	107	0
Frederick County	1,092	0	1	0	1,093	1,154	61	61	104	0
Garrett County	279	20	0	9	308	313	5	5	26	0
Washington County	1,139	100	0	6	1,245	1,177	-68	0	114	0
Total	4,372	140	1	51	4,564	4,597	33	100	439	0
Montgomery County	4,621	150	0	60	4,831	4,332	-499	0	460	0
Total	4,621	150	0	60	4,831	4,332	-499	0	460	0
Southern Maryland										
Calvert County	296	0	0	0	296	349	53	53	26	27
Charles County	429	12	0	0	441	560	119	119	40	78
Prince George's County	2,854	18	0	35	2,907	3,133	226	226	267	0
St. Mary's County	322	15	0	0	337	492	155	155	53	101
Total	3,901	45	0	35	3,981	4,534	553	553	387	206
Central Maryland										
Anne Arundel County	1,765	17	0	33	1,815	1,731	-84	0	176	0
Baltimore County	5,556	389	70	170	6,185	4,906	-1,279	0	387	0
Baltimore City	4,317	190	5	50	4,562	4,204	-358	0	467	0
Harford County	703	0	0	14	717	867	150	150	99	51
Howard County	435	60	63	10	568	541	-27	0	26	0
Total	12,776	656	138	277	13,847	12,249	-1,598	150	1,154	51
Eastern Shore										
Caroline County	205	0	0	0	205	231	26	26	16	11
Cecil County	446	0	9	10	465	450	-15	0	48	0
Dorchester County	258	0	0	0	258	228	-30	0	14	0
Kent County	214	0	0	0	214	233	19	19	26	0
Queen Anne's County	150	0	0	0	150	179	29	29	11	18
Somerset County	204	0	0	3	207	213	6	6	18	0
Talbot County	344	0	0	0	344	272	-72	0	37	0
Wicomico County	643	0	0	0	643	577	-66	0	48	0
Worcester County	331	11	2	0	344	402	58	58	58	0
Total	2,795	11	11	13	2,830	2,784	-46	137	277	29
Maryland Total	28,465	1,002	150	436	30,053	28,495	-1,558	940	2,717	286

Source: Maryland Health Care Commission

Table B-4
Projected Comprehensive Care/ECF Bed Need: Maryland, 2010
Average Use Rate, No Migration, Post CBS Adjustment
Option 4

Planning Area/Jurisdiction	Inventory (Aug. 1, 2005)					2010 Projected Bed Need				
	Licensed Beds	Temp. De-licensed Beds	CON-Approved Beds	Waiver Beds	Total Beds	Gross Bed Need Projection	Net Beds	Net Bed Need	CBS Adjustment	2010 Adjusted Net Bed Need
Western Maryland										
Allegany County	915	20	0	26	961	1,023	62	62	91	0
Carroll County	947	0	0	10	957	1,026	69	69	114	0
Frederick County	1,092	0	1	0	1,093	1,288	195	195	116	79
Garrett County	279	20	0	9	308	337	29	29	28	0
Washington County	1,139	100	0	6	1,245	1,277	32	32	123	0
Total	4,372	140	1	51	4,564	4,951	387	387	473	79
Montgomery County	4,621	150	0	60	4,831	4,878	47	47	518	0
Total	4,621	150	0	60	4,831	4,878	47	47	518	0
Southern Maryland										
Calvert County	296	0	0	0	296	351	55	55	26	29
Charles County	429	12	0	0	441	520	79	79	37	42
Prince George's County	2,854	18	0	35	2,907	3,022	115	115	258	0
St. Mary's County	322	15	0	0	337	666	329	329	72	257
Total	3,901	45	0	35	3,981	4,560	579	579	394	328
Central Maryland										
Anne Arundel County	1,765	17	0	33	1,815	1,905	90	90	193	0
Baltimore County	5,556	389	70	170	6,185	5,592	-593	0	441	0
Baltimore City	4,317	190	5	50	4,562	4,010	-552	0	446	0
Harford County	703	0	0	14	717	902	185	185	103	82
Howard County	435	60	63	10	568	504	-64	0	24	0
Total	12,776	656	138	277	13,847	12,914	-933	275	1,207	82
Eastern Shore										
Caroline County	205	0	0	0	205	223	18	18	15	3
Cecil County	446	0	9	10	465	456	-9	0	49	0
Dorchester County	258	0	0	0	258	261	3	3	16	0
Kent County	214	0	0	0	214	276	62	62	30	31
Queen Anne's County	150	0	0	0	150	156	6	6	10	0
Somerset County	204	0	0	3	207	192	-15	0	17	0
Talbot County	344	0	0	0	344	296	-48	0	40	0
Wicomico County	643	0	0	0	643	681	38	38	56	0
Worcester County	331	11	2	0	344	401	57	57	58	0
Total	2,795	11	11	13	2,830	2,942	112	183	292	34
Maryland Total	28,465	1,002	150	436	30,053	30,244	191	1,471	2,884	523

Source: Maryland Health Care Commission

Table B-5
Projected Comprehensive Care/ECF Bed Need: Maryland, 2010
Regression Analysis
Option 5

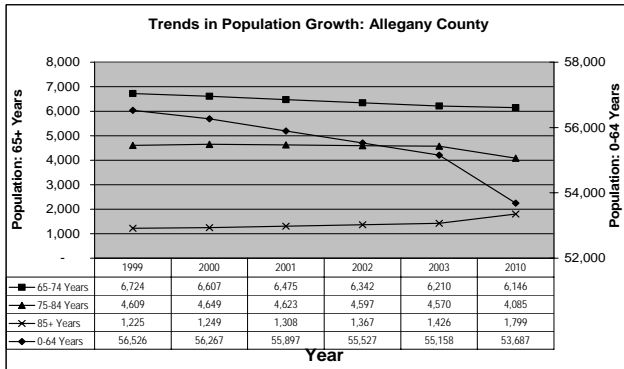
Planning Area/Jurisdiction	Inventory (Aug. 1, 2005)					2010 Projected Bed Need			
	Licensed Beds	Temp. De-licensed Beds	CON-Approved Beds	Waiver Beds	Total Beds	Gross Bed Need Projection	Net Beds	Net Bed Need	2010 Adjusted Net Bed Need
Western Maryland									
Allegany County	915	20	0	26	961	978	17	17	17
Carroll County	947	0	0	10	957	941	-16	0	0
Frederick County	1,092	0	1	0	1,093	1,103	10	10	10
Garrett County	279	20	0	9	308	347	39	39	39
Washington County	1,139	100	0	6	1,245	1,223	-22	0	0
Total	4,372	140	1	51	4,564	4,592	28	67	66
Montgomery County	4,621	150	0	60	4,831	4,155	-676	0	0
Total	4,621	150	0	60	4,831	4,155	-676	0	0
Southern Maryland									
Calvert County	296	0	0	0	296	354	58	58	58
Charles County	429	12	0	0	441	552	111	111	111
Prince George's County	2,854	18	0	35	2,907	2,963	56	56	56
St. Mary's County	322	15	0	0	337	499	162	162	162
Total	3,901	45	0	35	3,981	4,369	388	388	387
Central Maryland									
Anne Arundel County	1,765	17	0	33	1,815	1,695	-120	0	0
Baltimore County	5,556	389	70	170	6,185	4,730	-1,455	0	0
Baltimore City	4,317	190	5	50	4,562	4,257	-305	0	0
Harford County	703	0	0	14	717	832	115	115	115
Howard County	435	60	63	10	568	606	38	38	38
Total	12,776	656	138	277	13,847	12,120	-1,727	153	153
Eastern Shore									
Caroline County	205	0	0	0	205	262	57	57	57
Cecil County	446	0	9	10	465	469	4	4	4
Dorchester County	258	0	0	0	258	256	-2	0	0
Kent County	214	0	0	0	214	251	37	37	37
Queen Anne's County	150	0	0	0	150	213	63	63	63
Somerset County	204	0	0	3	207	237	30	30	30
Talbot County	344	0	0	0	344	316	-28	0	0
Wicomico County	643	0	0	0	643	642	-1	0	0
Worcester County	331	11	2	0	344	418	74	74	74
Total	2,795	11	11	13	2,830	3,065	235	266	265
Maryland Total	28,465	1,002	150	436	30,053	28,301	-1,752	873	871

Source: Maryland Health Care Commission

**APPENDIX C:
JURISDICTIONAL DATA PROFILES**

Allegany County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Allegany	State	Allegany	State	Allegany	State
0-64 Years	-2.4%	8.8%	-2.7%	2.4%	-5.0%	11.5%
65-74 Years	-7.6%	1.3%	-1.0%	18.7%	-8.6%	20.2%
75-84 Years	-0.8%	27.4%	-10.6%	-1.3%	-11.4%	25.73%
85+ Years	16.4%	37.1%	26.2%	19.7%	46.9%	69.21%

Long Term Care Services Inventory

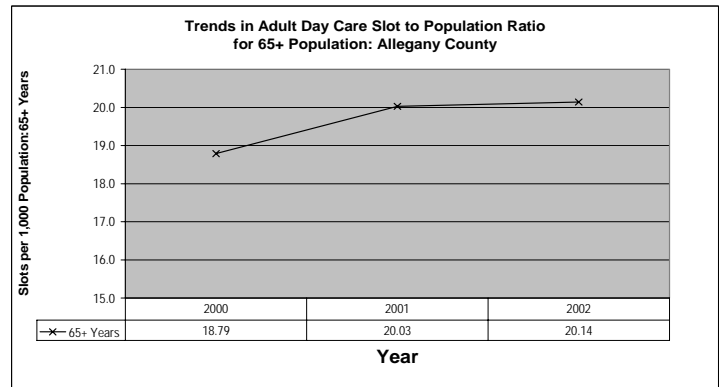
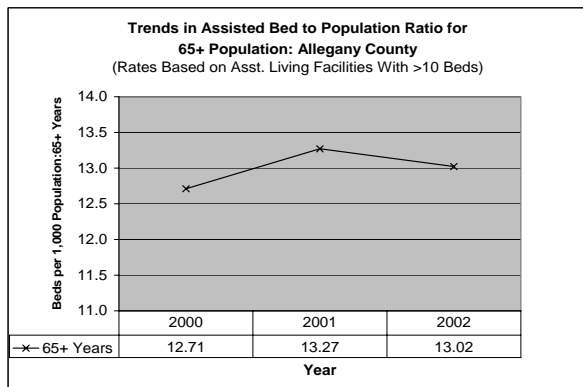
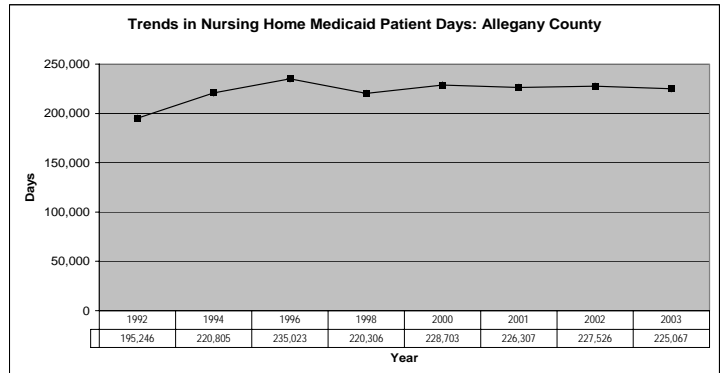
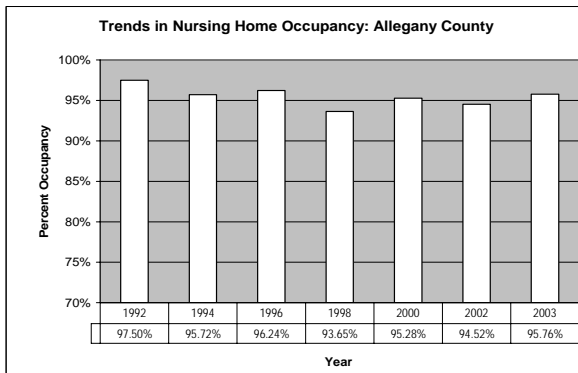
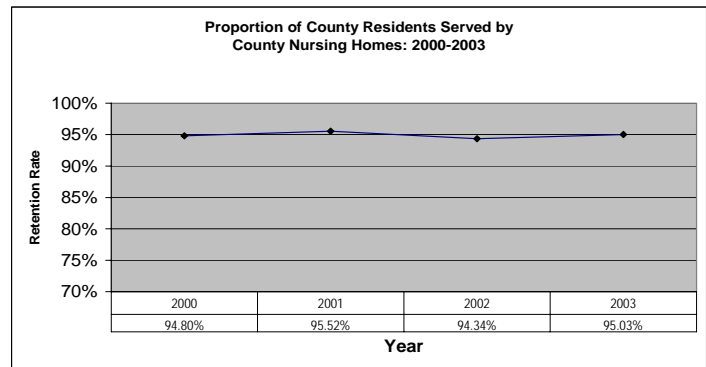
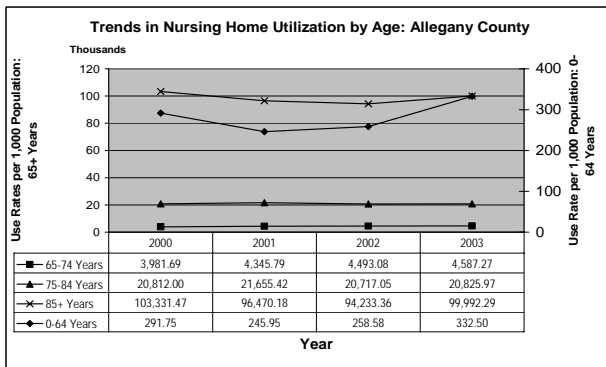
	Licensed Beds/Slots	Temp. Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	915	20	0	26	961
Assisted Living*	212	N/A	N/A	N/A	212
Adult Day Care	249	N/A	N/A	N/A	249

*Assisted Living Inventory includes all licensed assisted living beds: OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

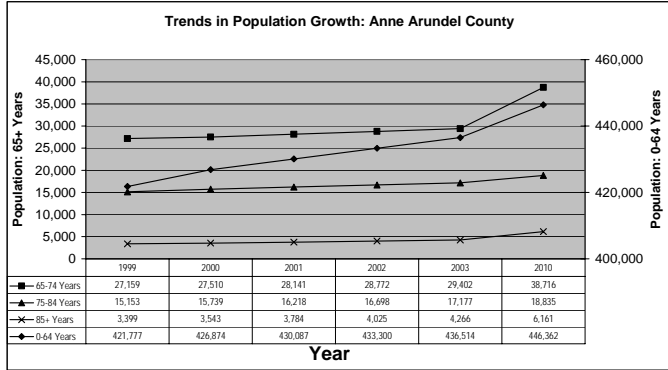
Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey: Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Anne Arundel County

Population Characteristics



Population Change

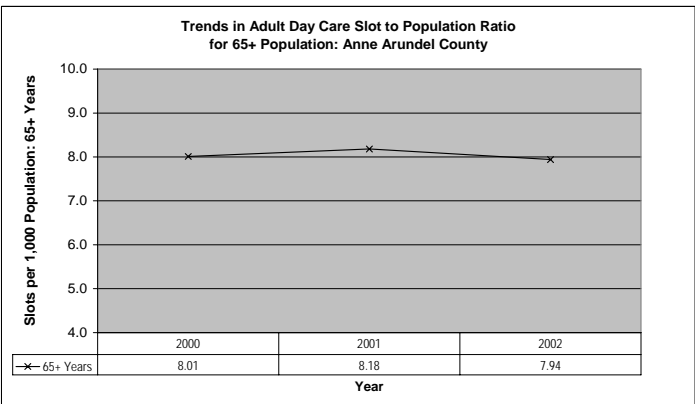
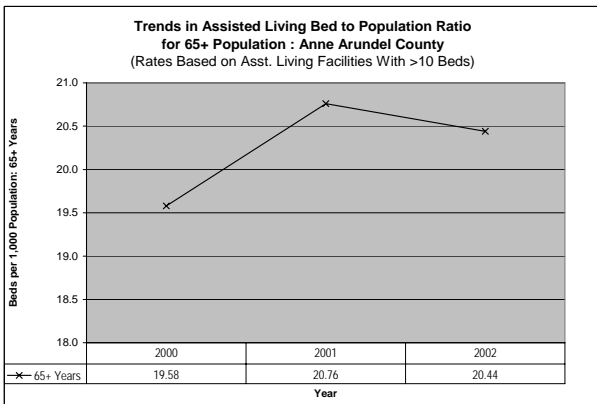
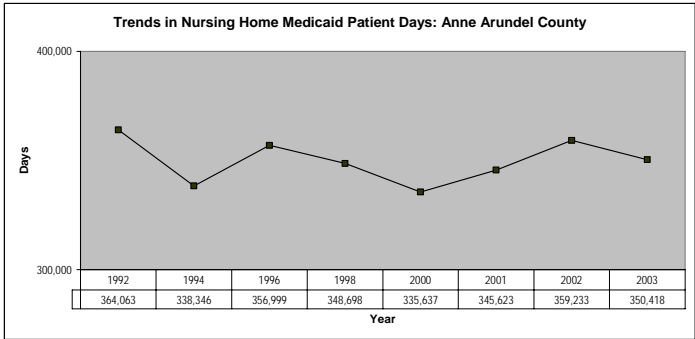
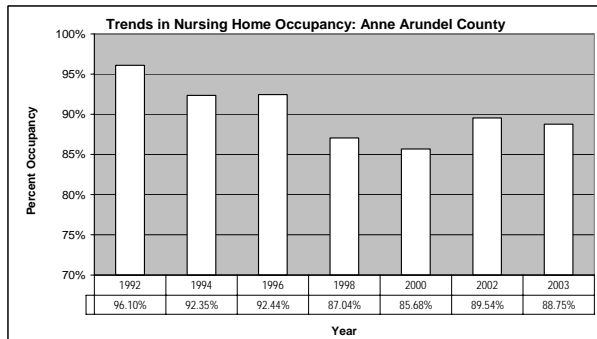
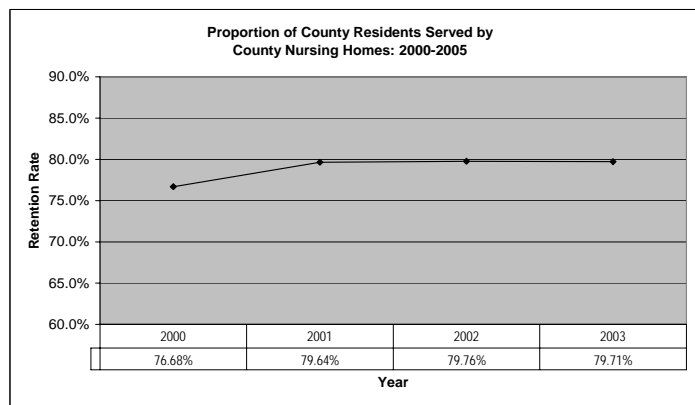
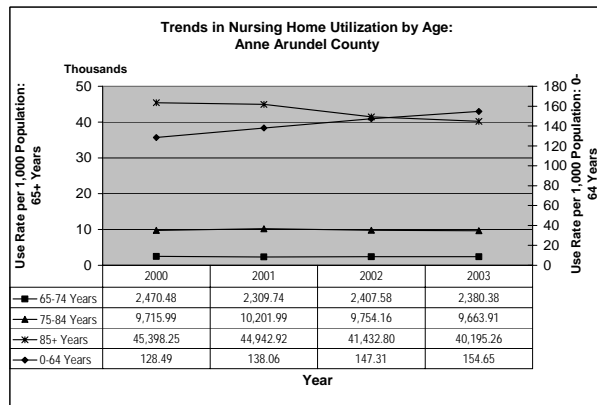
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Anne Arundel	State	Anne Arundel	State	Anne Arundel	State
0-64 Years	3.5%	8.8%	2.3%	2.4%	5.8%	11.5%
65-74 Years	8.3%	1.3%	31.7%	18.7%	42.6%	20.2%
75-84 Years	13.4%	27.4%	9.7%	-1.3%	24.3%	25.73%
85+ Years	25.5%	37.1%	44.4%	19.7%	81.3%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	1,733	22	0	60	1,815
Assisted Living*	1,476	N/A	N/A	N/A	1,476
Adult Day Care:	395	N/A	N/A	N/A	395

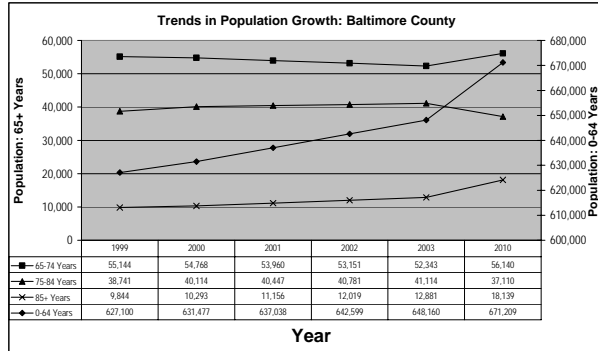
*Assisted Living Inventory includes all licensed assisted living beds; OHCO Inventory date is March 2005
 Includes all assisted living facilities regardless of bed size.
 *Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Baltimore County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Baltimore County	State	Baltimore County	State	Baltimore County	State
0-64 Years	3.4%	8.8%	3.6%	2.4%	7.0%	11.5%
65-74 Years	-5.1%	1.3%	7.3%	18.7%	1.8%	20.2%
75-84 Years	6.1%	27.4%	-9.7%	-1.3%	-4.2%	25.73%
85+ Years	30.9%	37.1%	40.8%	19.7%	84.3%	69.21%

Long Term Care Services Inventory

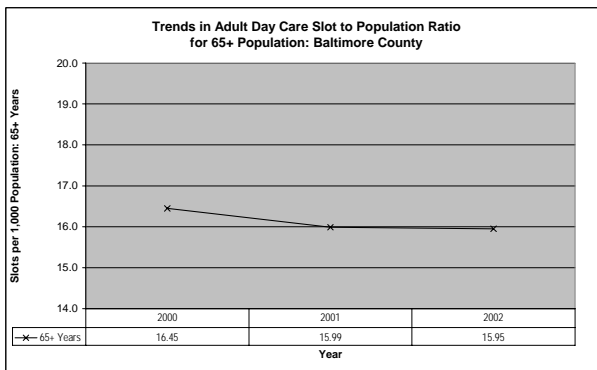
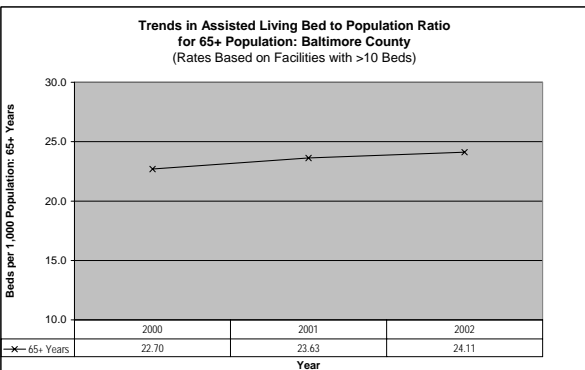
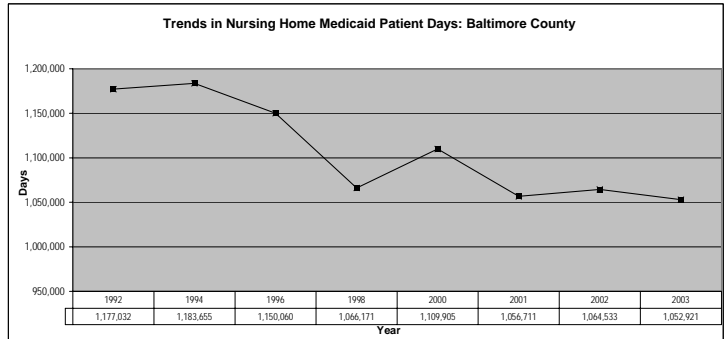
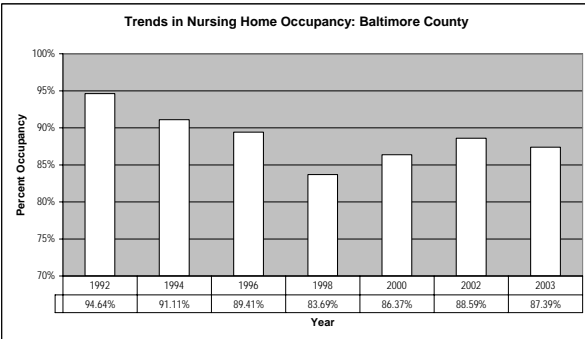
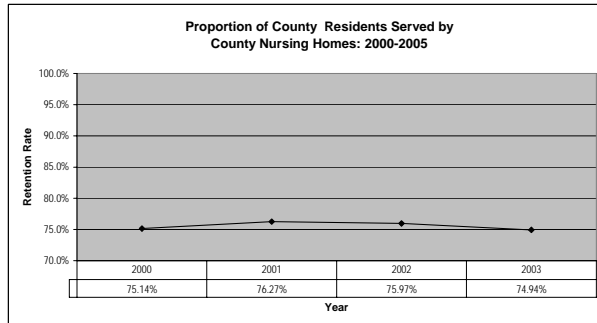
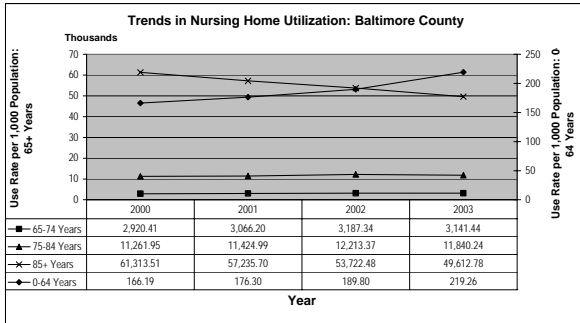
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	5,594	387	70	173	6,224
Assisted Living*	3,527	N/A	N/A	N/A	3,527
Adult Day Care**	1,590	N/A	N/A	N/A	1,590

*Assisted Living Inventory includes all licensed assisted living beds; OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

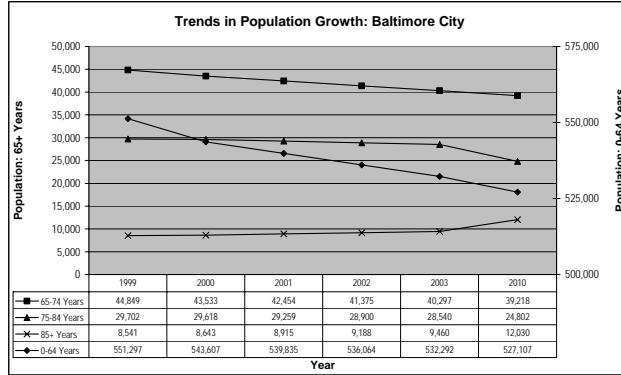
**Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Baltimore City

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Baltimore City	State	Baltimore City	State	Baltimore City	State
0-64 Years	-3.4%	8.8%	-1.0%	2.4%	-4.4%	11.5%
65-74 Years	-10.2%	1.3%	-2.7%	18.7%	-12.6%	20.2%
75-84 Years	-3.9%	27.4%	-13.1%	-1.3%	-16.5%	25.73%
85+ Years	10.8%	37.1%	27.2%	19.7%	40.9%	69.21%

Long Term Care Services Inventory

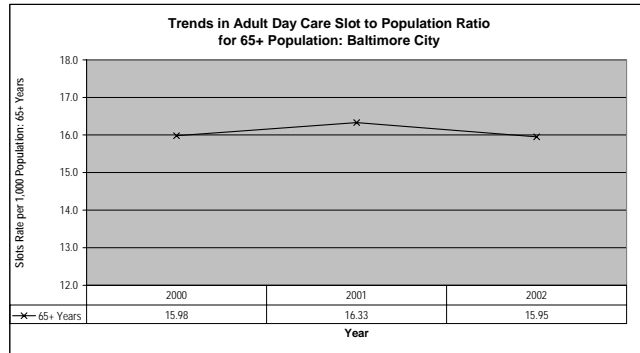
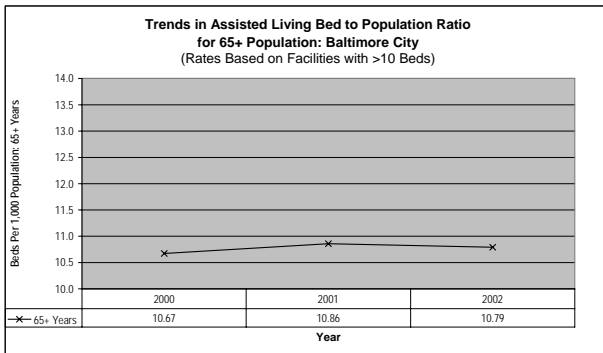
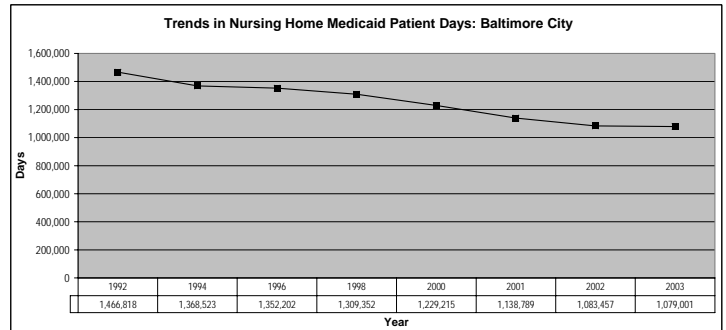
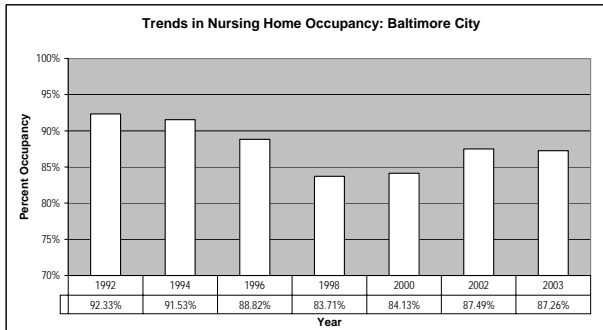
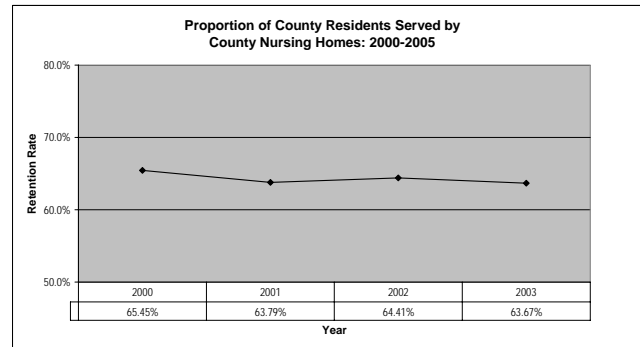
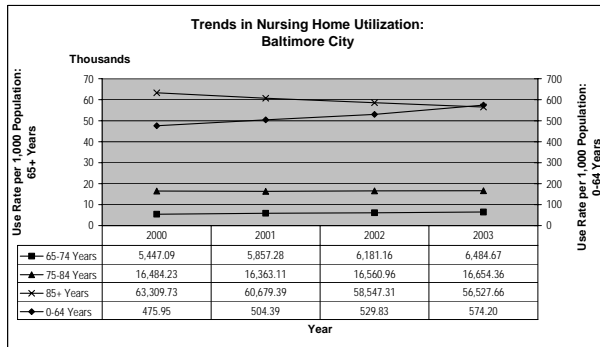
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	4,287	220		5	4,533
Assisted Living*	2,187	N/A	N/A	N/A	2,187
Adult Day Care*	1,217	N/A	N/A	N/A	1,217

*Assisted Living Inventory includes all licensed assisted living beds: OHICQ Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

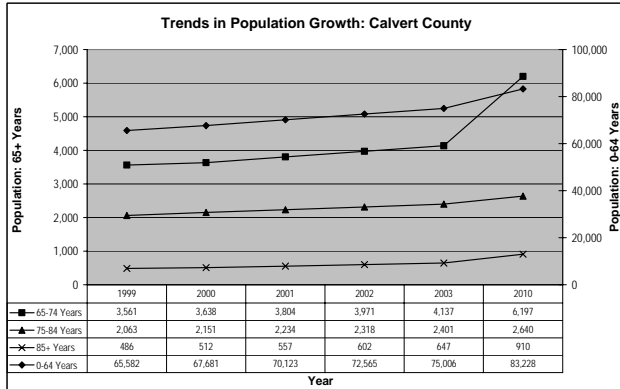
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey: Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Calvert County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Calvert County	State	Calvert County	State	Calvert County	State
0-64 Years	14.4%	8.8%	11.0%	2.4%	26.9%	11.5%
65-74 Years	16.2%	1.3%	49.8%	18.7%	74.0%	20.2%
75-84 Years	16.4%	27.4%	9.9%	-1.3%	28.0%	25.73%
85+ Years	33.1%	37.1%	40.6%	19.7%	87.2%	69.21%

Long Term Care Services Inventory

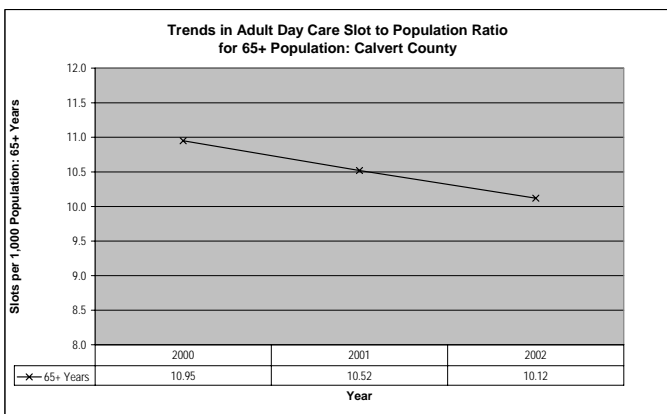
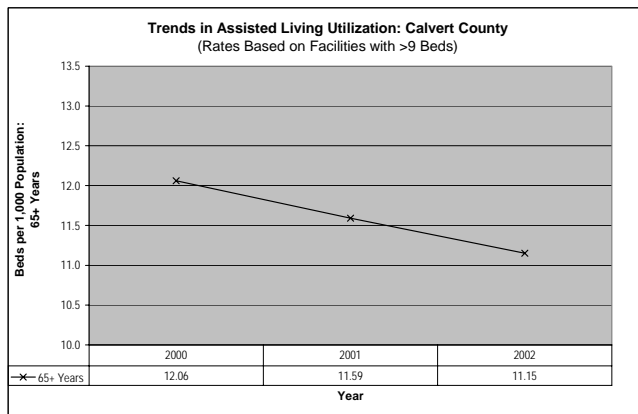
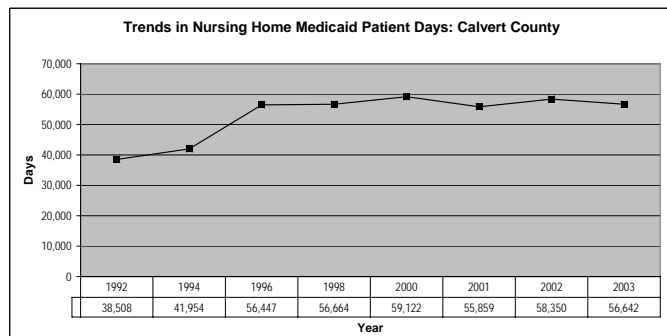
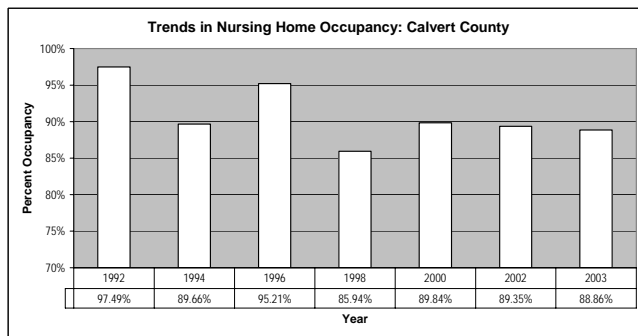
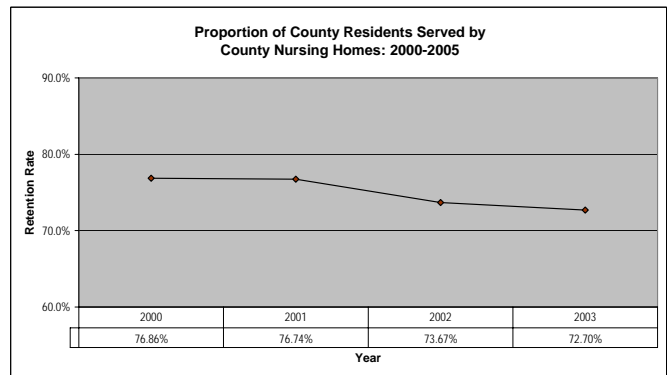
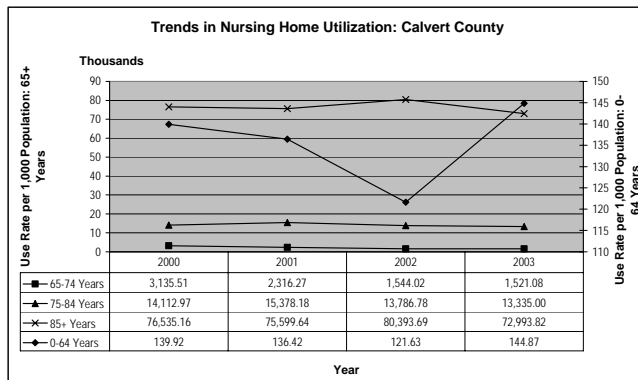
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	296	0	0	0	296
Assisted Living*	136	N/A	N/A	N/A	136
Adult Day Care*	70	N/A	N/A	N/A	70

*Assisted Living Inventory includes all licensed assisted living beds: OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

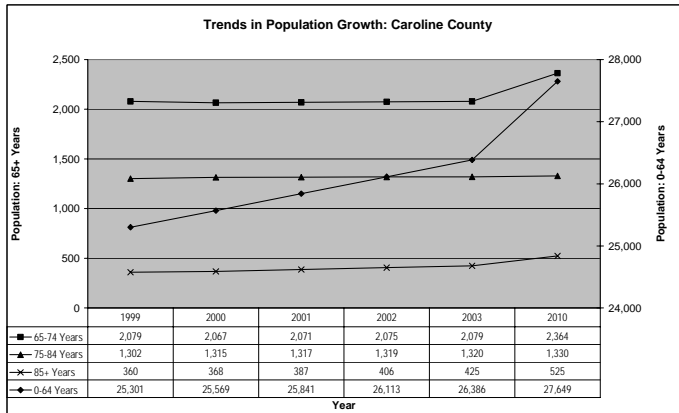
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Caroline County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Caroline County	State	Caroline County	State	Caroline County	State
0-64 Years	4.3%	8.8%	4.8%	2.4%	9.3%	11.5%
65-74 Years	0.0%	1.3%	13.7%	18.7%	13.7%	20.2%
75-84 Years	1.4%	27.4%	0.7%	-1.3%	2.2%	25.73%
85+ Years	18.1%	37.1%	23.5%	19.7%	45.8%	69.21%

Long Term Care Services Inventory

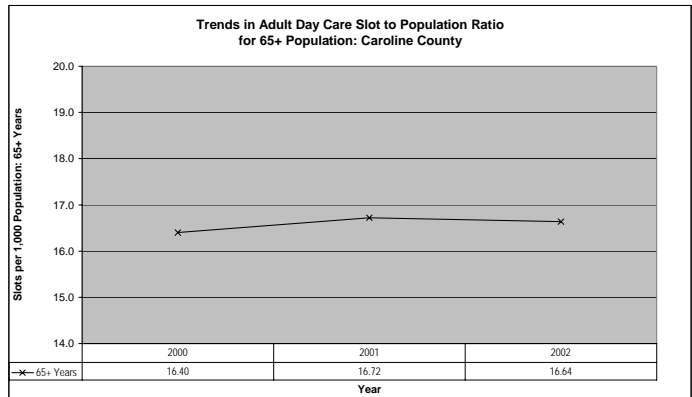
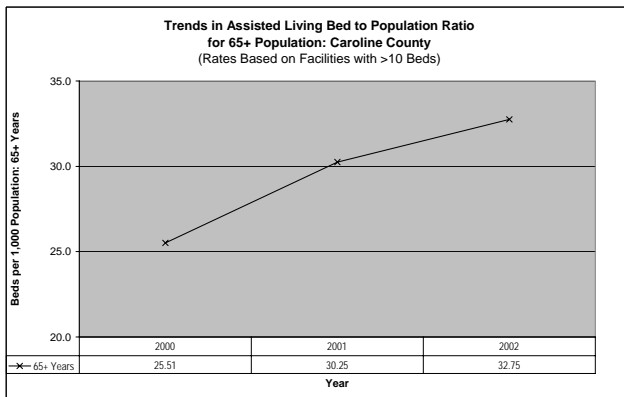
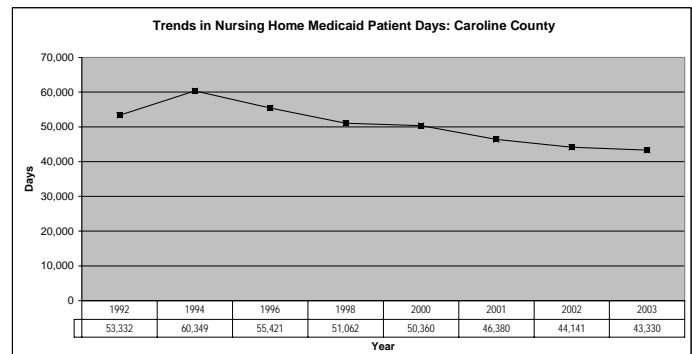
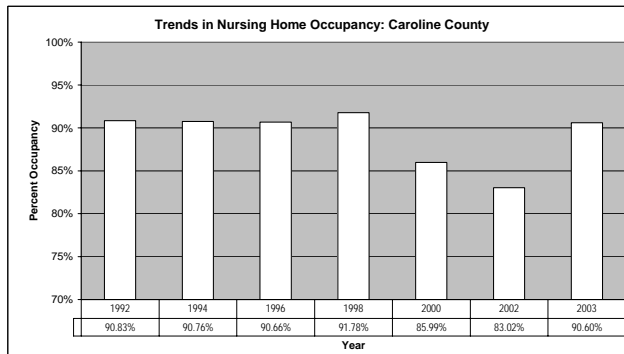
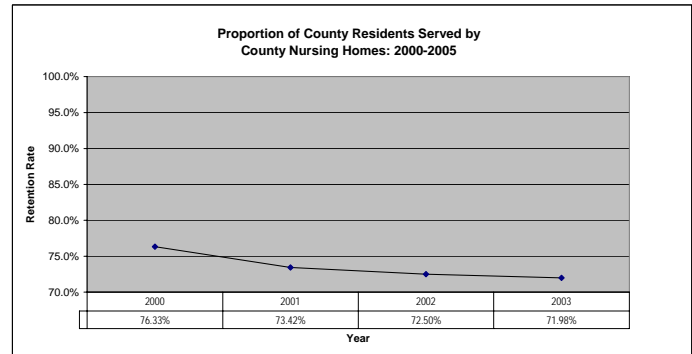
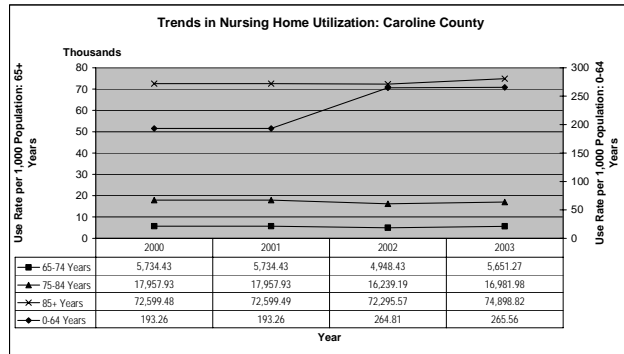
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	205	0	0	0	205
Assisted Living*	155	N/A	N/A	N/A	155
Adult Day Care	63	N/A	N/A	N/A	63

*Assisted Living Inventory includes all licensed assisted living beds. CHCC Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

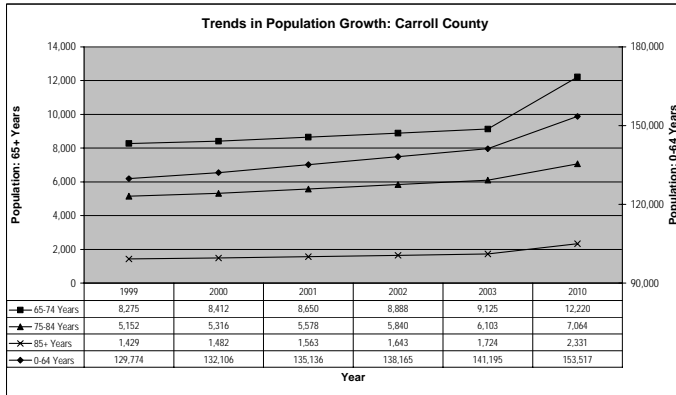
*Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Carroll County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Carroll County	State	Carroll County	State	Carroll County	State
0-64 Years	8.8%	8.8%	8.7%	2.4%	18.3%	11.5%
65-74 Years	10.3%	1.3%	33.9%	18.7%	47.7%	20.2%
75-84 Years	18.5%	27.4%	15.8%	-1.3%	37.1%	25.73%
85+ Years	20.6%	37.1%	35.2%	19.7%	63.1%	69.21%

Long Term Care Services Inventory

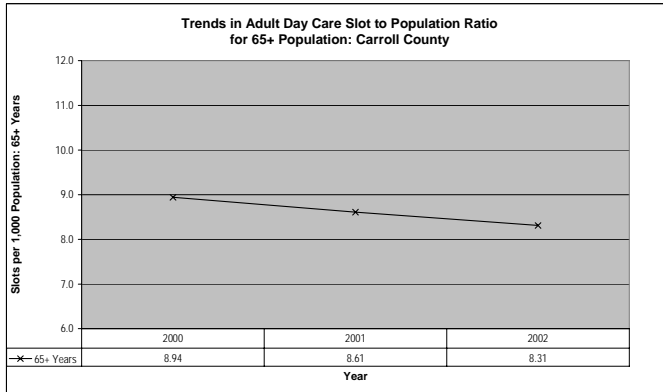
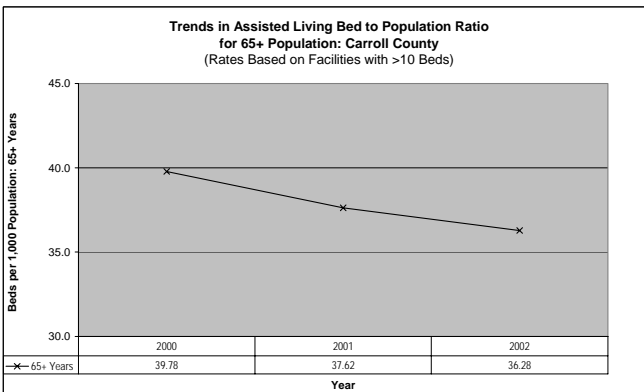
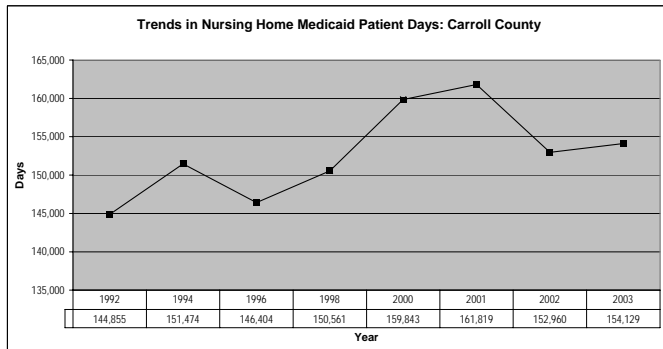
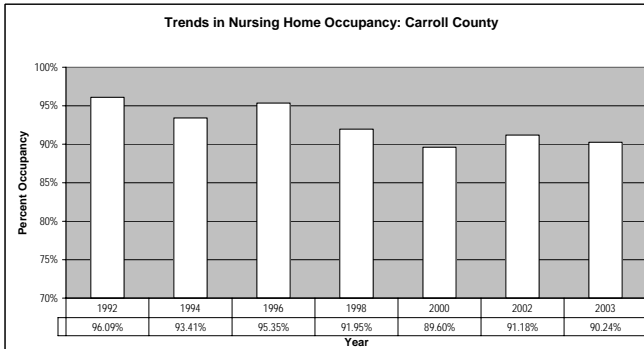
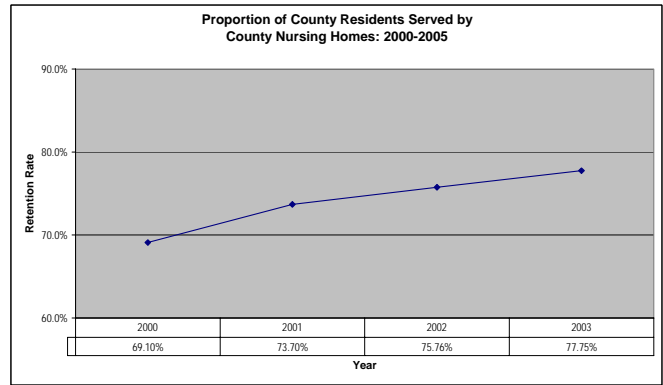
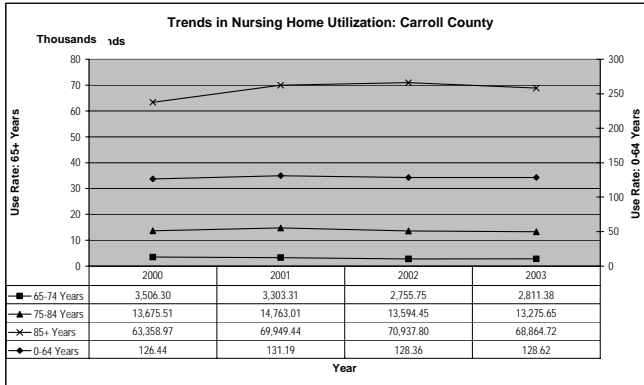
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	942	0	0	10	952
Assisted Living*	665	N/A	N/A	N/A	665
Adult Day Care**	136	N/A	N/A	N/A	136

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

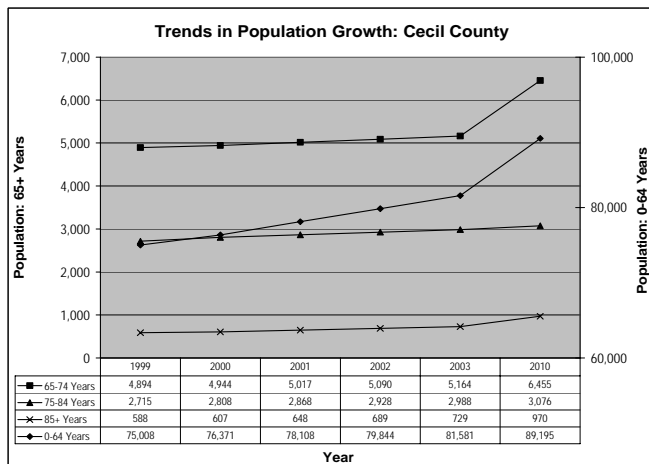
**Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Cecil County

Population Characteristics



Population Change

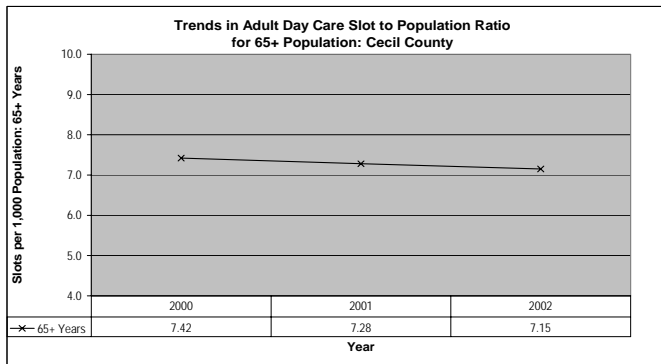
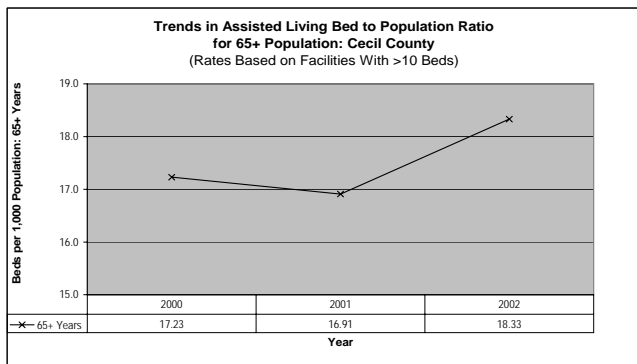
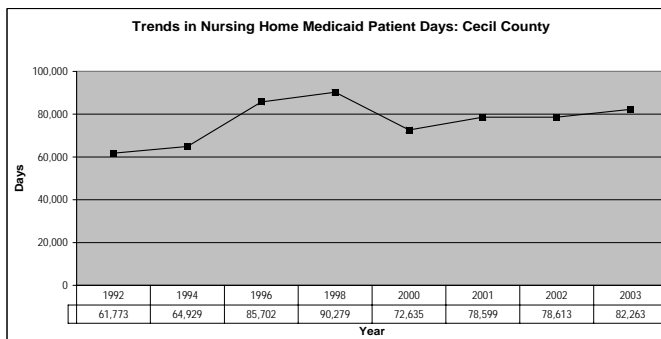
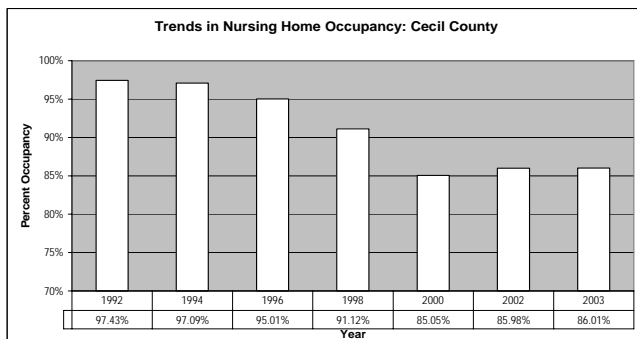
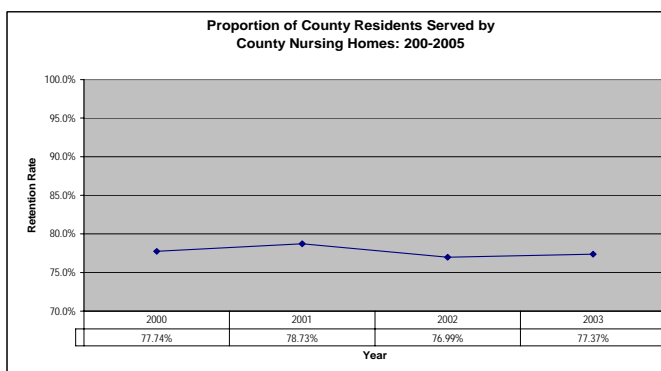
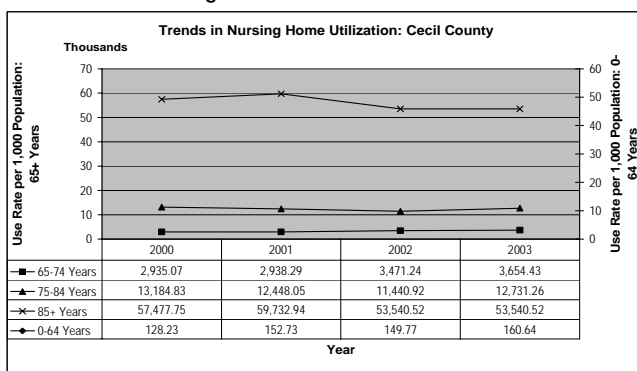
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Cecil County	State	Cecil County	State	Cecil County	State
0-64 Years	8.8%	8.8%	9.3%	2.4%	18.9%	11.5%
65-74 Years	5.5%	1.3%	25.0%	18.7%	31.9%	20.2%
75-84 Years	10.1%	27.4%	2.9%	-1.3%	13.3%	25.73%
85+ Years	24.0%	37.1%	33.0%	19.7%	65.0%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	416	30	9	10	465
Assisted Living*	281	N/A	N/A	N/A	281
Adult Day Care	62	N/A	N/A	N/A	62

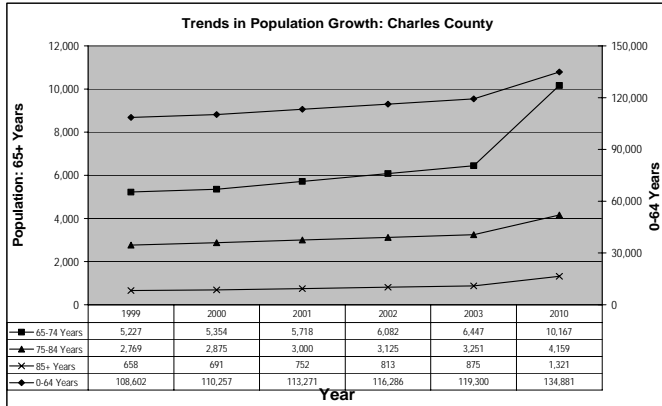
*Assisted Living Inventory includes all licensed assisted living beds. OHCC inventory date is March 2005
Includes all assisted living facilities regardless of bed size
†Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Charles County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Charles County	State	Charles County	State	Charles County	State
0-64 Years	9.9%	8.8%	13.1%	2.4%	24.2%	11.5%
65-74 Years	23.3%	1.3%	57.7%	18.7%	94.5%	20.2%
75-84 Years	17.4%	27.4%	27.9%	-1.3%	50.2%	25.73%
85+ Years	32.9%	37.1%	51.0%	19.7%	100.8%	69.21%

Long Term Care Services Inventory

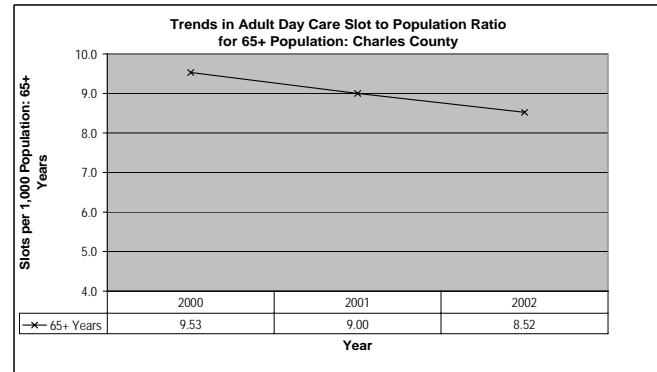
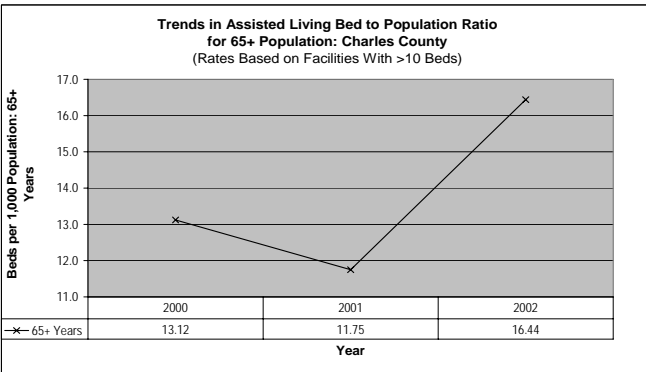
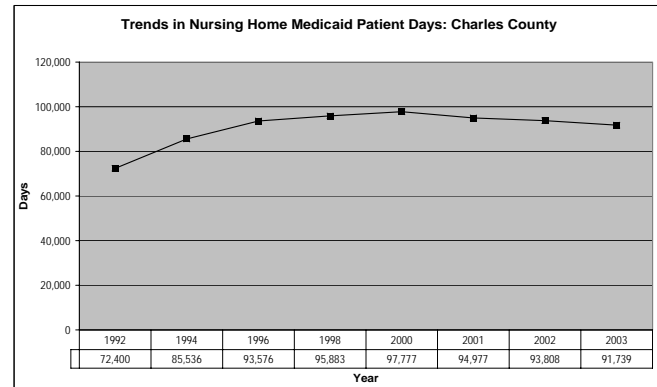
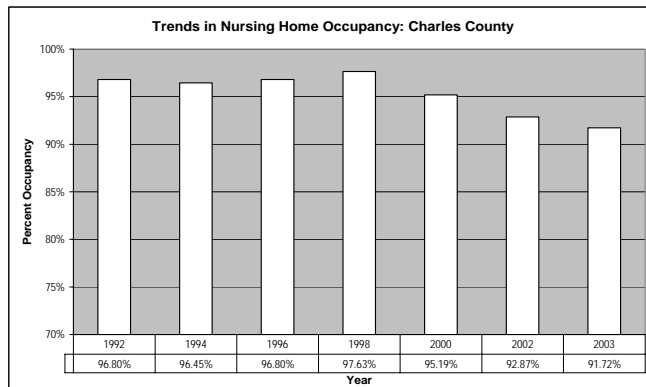
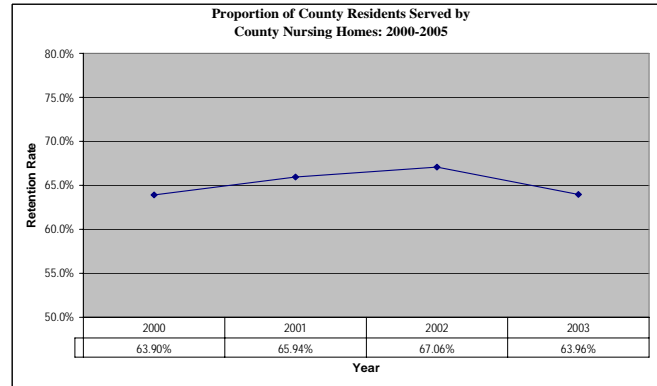
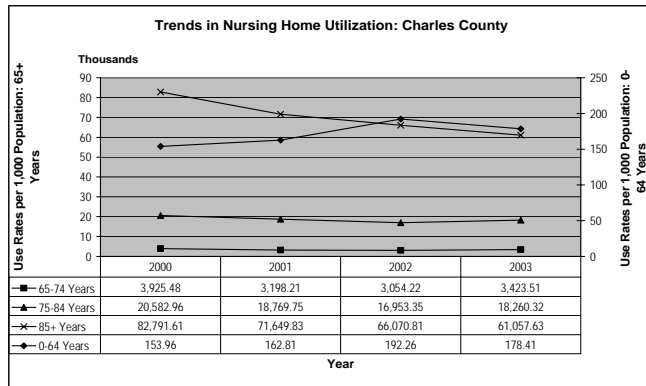
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	429	12	0	0	441
Assisted Living*	329	N/A	N/A	N/A	329
Adult Day Care*	85	N/A	N/A	N/A	85

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

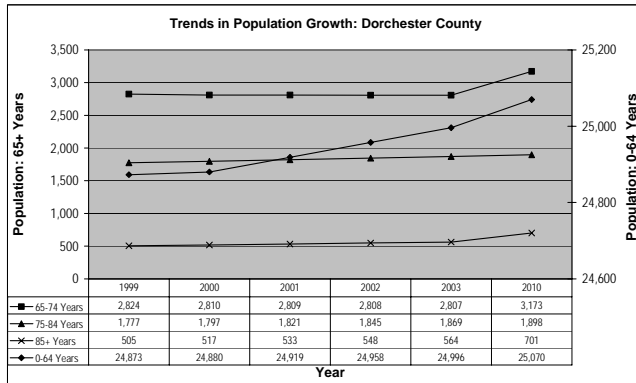
*Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Dorchester County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Dorchester County	State	Dorchester County	State	Dorchester County	State
0-64 Years	0.5%	8.8%	0.3%	2.4%	0.8%	11.5%
65-74 Years	-0.6%	1.3%	13.0%	18.7%	12.4%	20.2%
75-84 Years	5.2%	27.4%	1.6%	-1.3%	6.8%	25.73%
85+ Years	11.6%	37.1%	24.3%	19.7%	38.8%	69.21%

Long Term Care Services Inventory

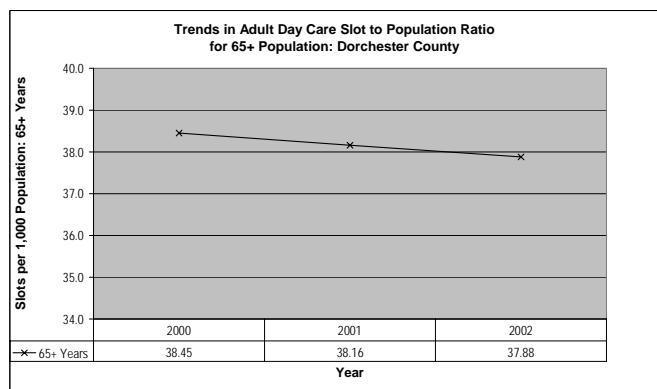
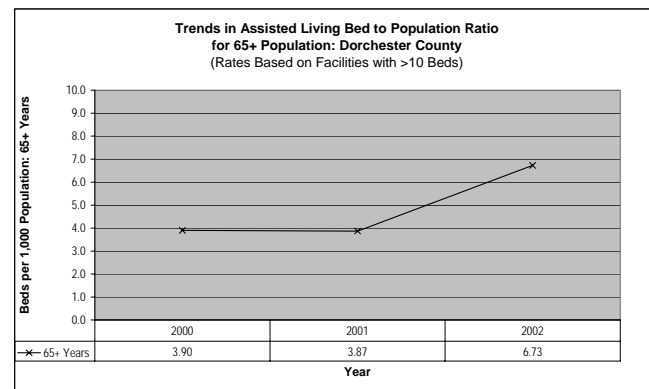
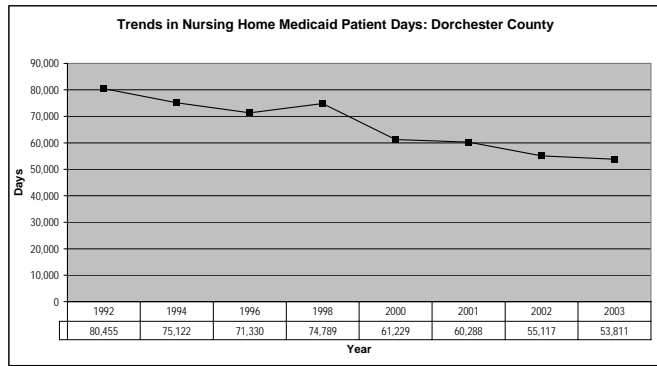
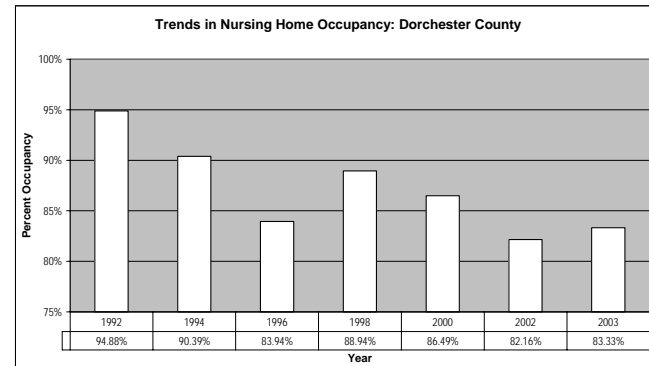
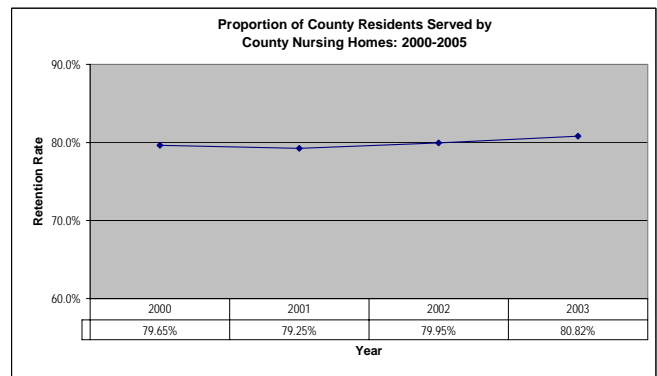
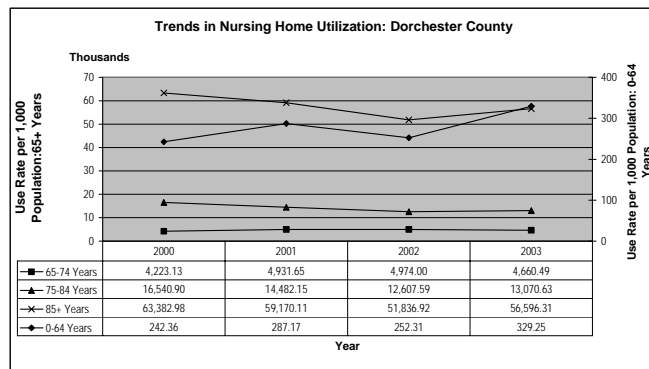
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	258	0	0	0	258
Assisted Living*	42	N/A	N/A	N/A	42
Adult Day Care*	197	N/A	N/A	N/A	197

*Assisted Living Inventory includes all licensed assisted living beds. OHIO Inventory date is March 2005.

Includes all assisted living facilities regardless of bed size.

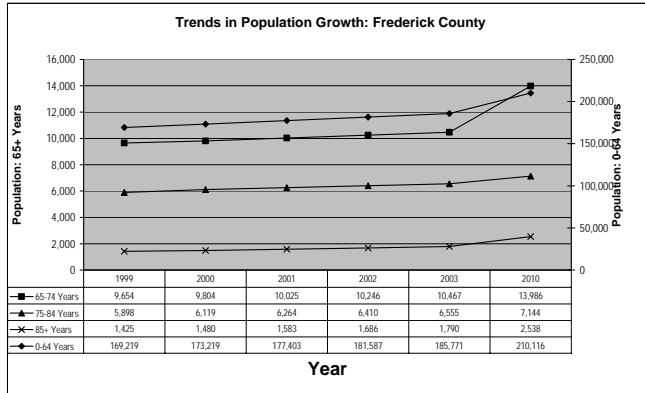
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey: Nursing home bed inventory from MHCC records as of January 1, 2005.

Characteristics of Long Term Care Utilization



Frederick County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Frederick County	State	Frederick County	State	Frederick County	State
0-64 Years	9.8%	8.8%	13.1%	2.4%	24.2%	11.5%
65-74 Years	8.4%	1.3%	33.6%	18.7%	44.9%	20.2%
75-84 Years	11.1%	27.4%	9.0%	-1.3%	21.1%	25.73%
85+ Years	25.6%	37.1%	41.8%	19.7%	78.1%	69.21%

Long Term Care Services Inventory

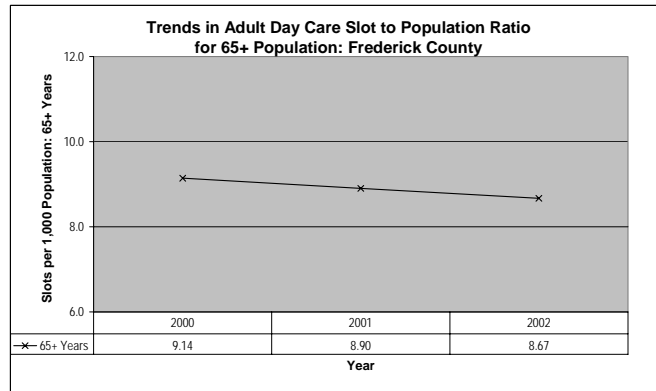
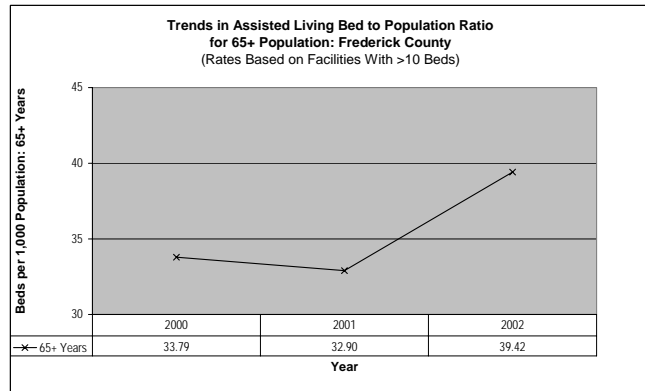
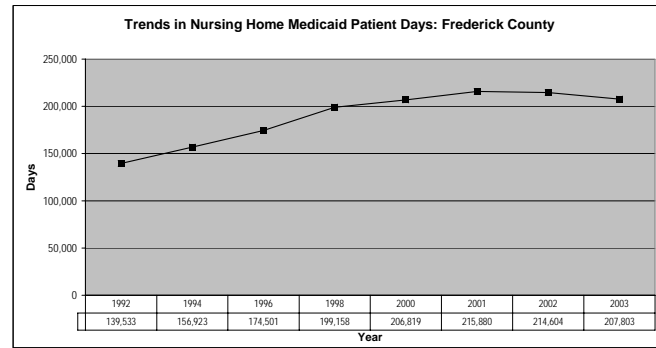
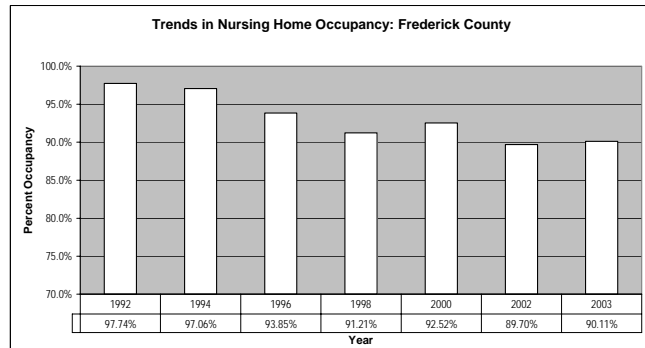
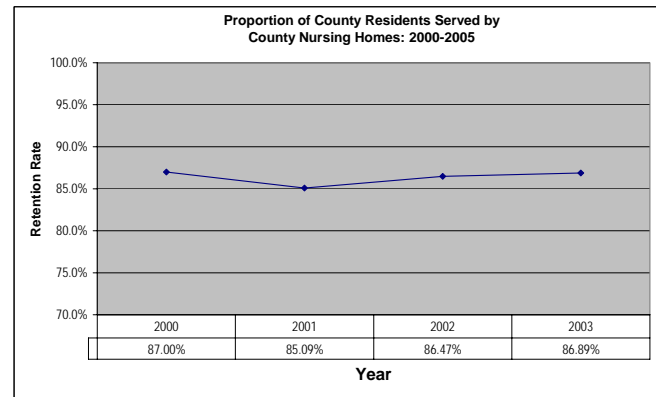
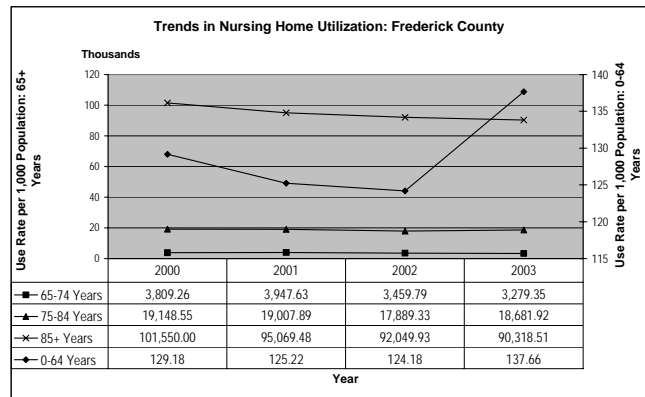
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	1,062	20	1	0	1,083
Assisted Living*	783	N/A	N/A	N/A	783
Adult Day Cares	159	N/A	N/A	N/A	159

*Assisted Living Inventory includes all licensed assisted living beds. OHCC Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

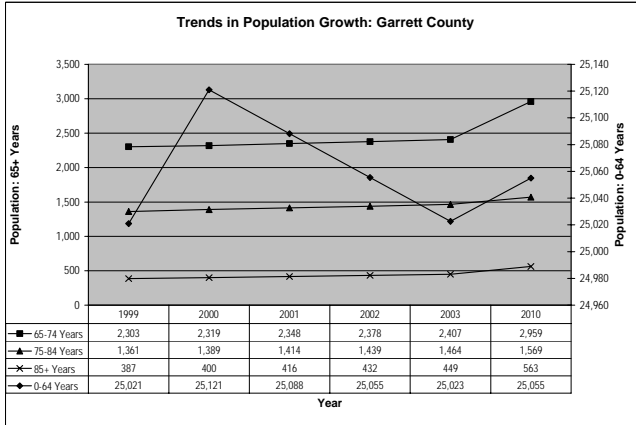
†Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Garrett County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Garrett County	State	Garrett County	State	Garrett County	State
0-64 Years	0.0%	8.8%	0.1%	2.4%	0.1%	65.0%
65-74 Years	4.5%	1.3%	22.9%	18.7%	28.5%	20.2%
75-84 Years	7.6%	27.4%	7.2%	-1.3%	15.3%	25.73%
85+ Years	15.9%	37.1%	25.5%	19.7%	45.5%	69.21%

Long Term Care Services Inventory

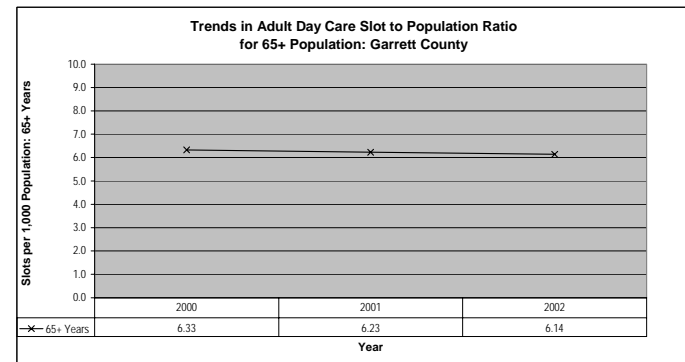
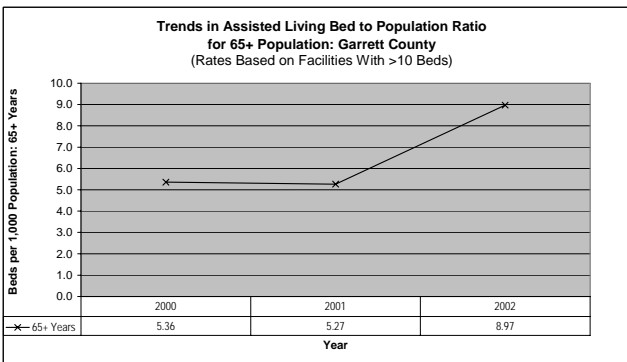
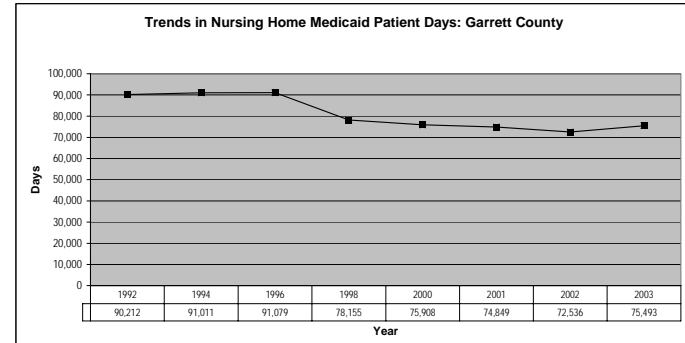
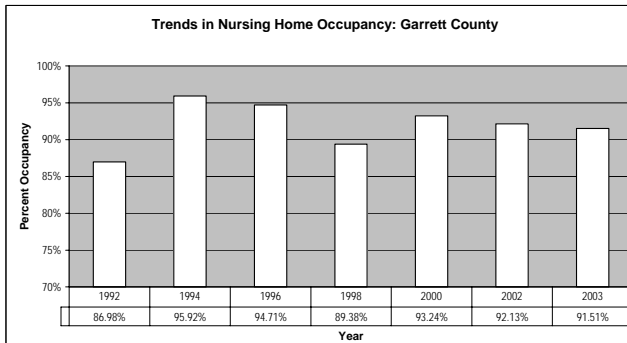
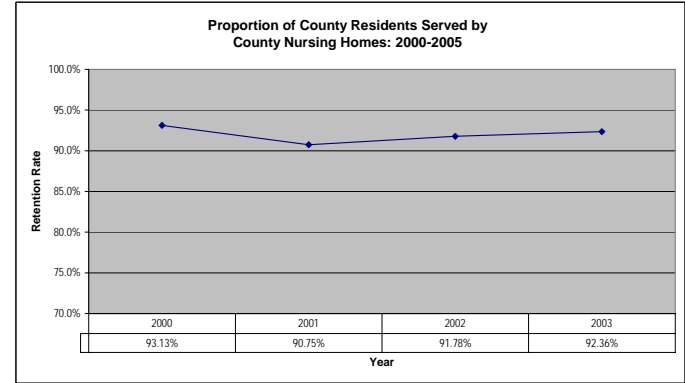
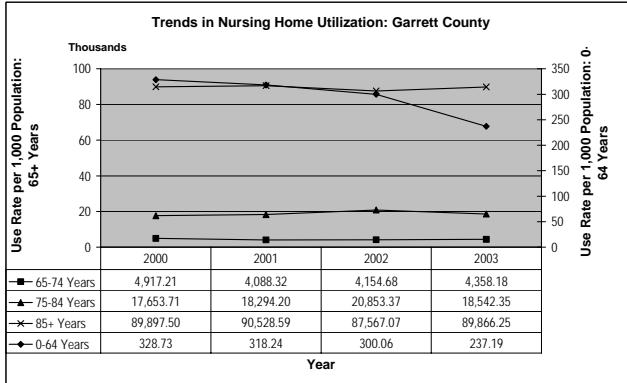
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	279	20	0	9	308
Assisted Living*	88	N/A	N/A	N/A	88
Adult Day Care**	26	N/A	N/A	N/A	26

*Assisted Living Inventory includes all licensed assisted living beds; OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

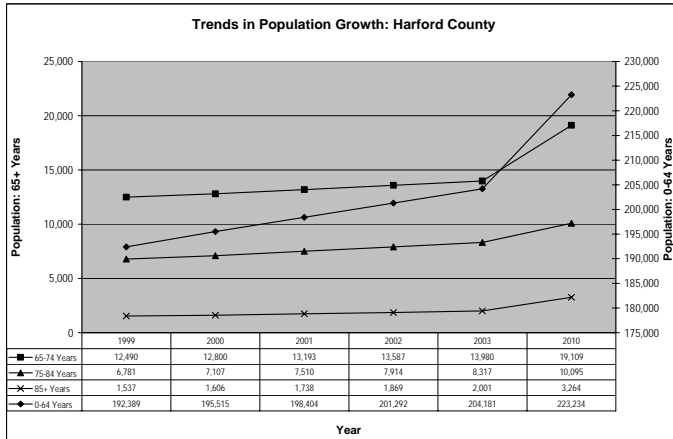
**Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Harford County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Harford County	State	Harford County	State	Harford County	State
0-64 Years	6.1%	8.8%	9.3%	2.4%	16.0%	11.5%
65-74 Years	11.9%	1.3%	36.7%	18.7%	53.0%	20.2%
75-84 Years	22.7%	27.4%	21.4%	-1.3%	48.9%	25.73%
85+ Years	30.2%	37.1%	63.1%	19.7%	112.4%	69.21%

Long Term Care Services Inventory

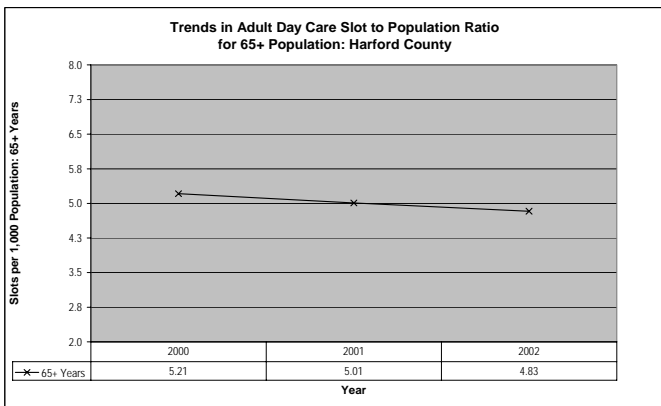
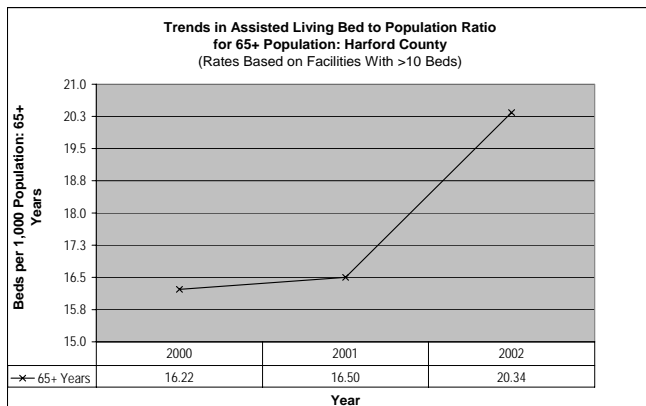
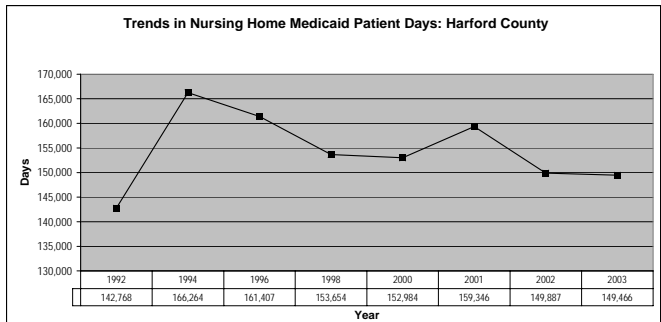
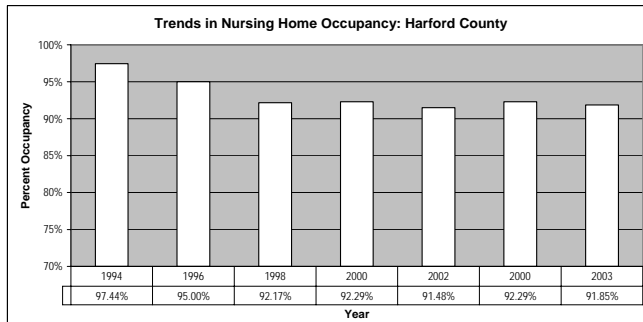
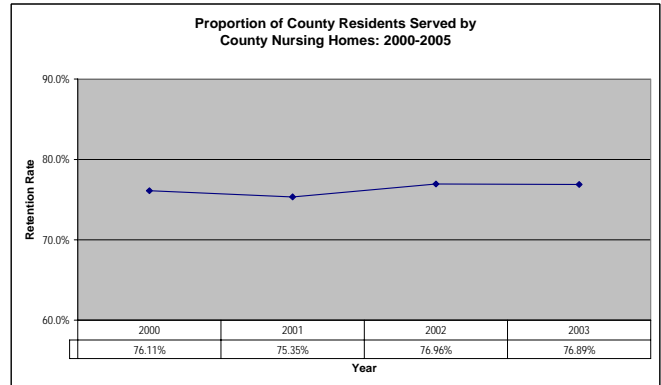
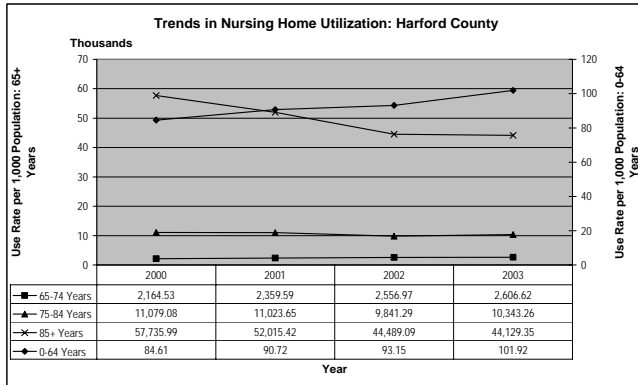
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	703	0	0	14	717
Assisted Living*	637	N/A	N/A	N/A	637
Adult Day Care†	112	N/A	N/A	N/A	112

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005.

†Includes all assisted living facilities regardless of bed size.

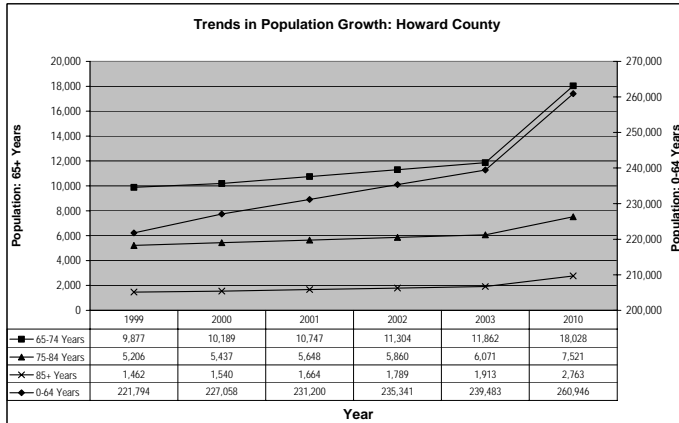
‡Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005.

Characteristics of Long Term Care Utilization



Howard County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Howard County	State	Howard County	State	Howard County	State
0-64 Years	8.0%	8.8%	17.7%	2.4%	17.7%	11.5%
65-74 Years	20.1%	1.3%	82.5%	18.7%	82.5%	20.2%
75-84 Years	16.6%	27.4%	44.5%	-1.3%	44.5%	25.73%
85+ Years	30.9%	37.1%	89.0%	19.7%	89.0%	69.21%

Long Term Care Services Inventory

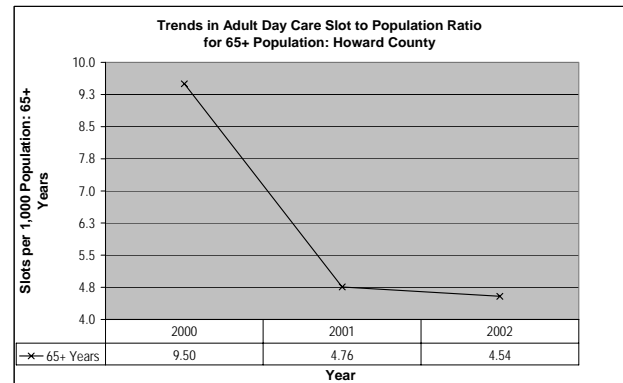
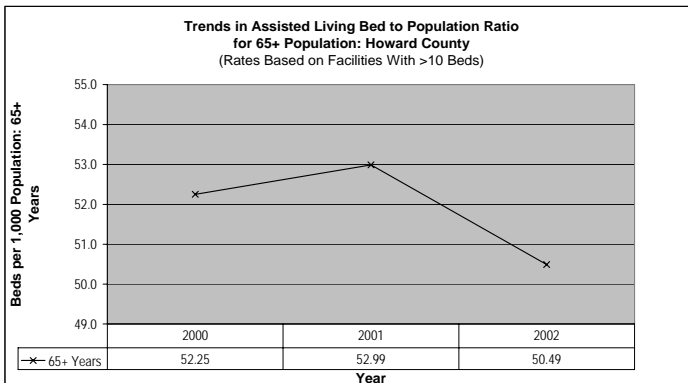
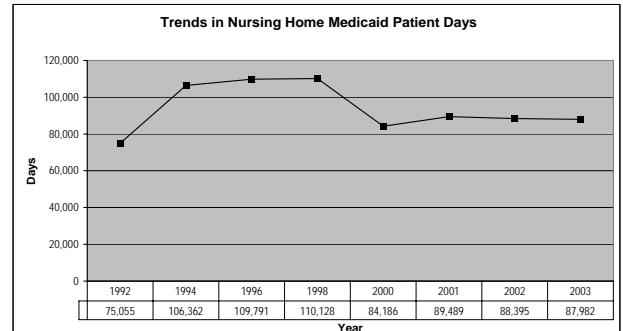
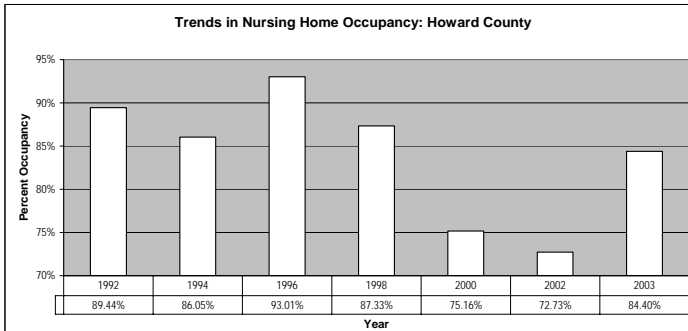
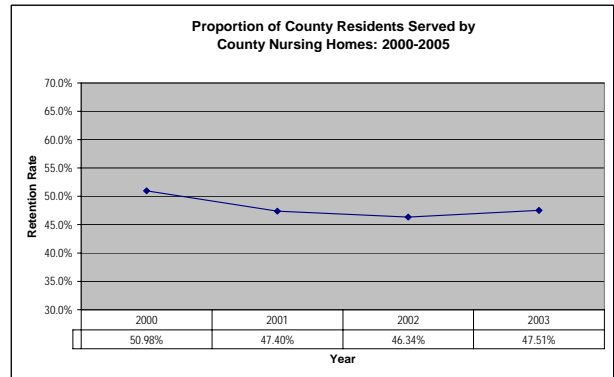
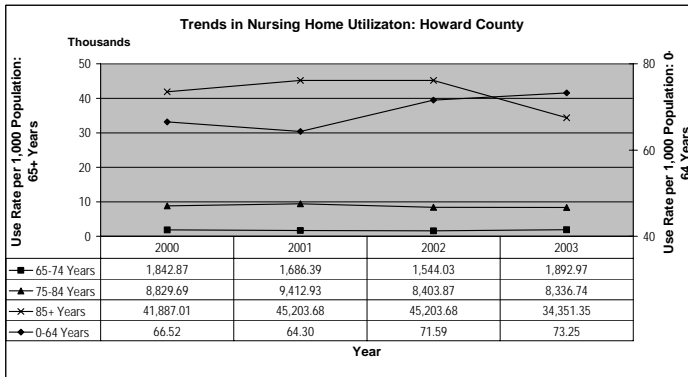
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	495	0	63	10	568
Assisted Living*	1,446	N/A	N/A	N/A	1,446
Adult Day Care*	86	N/A	N/A	N/A	86

*Assisted Living Inventory includes all licensed assisted living beds. OHCC Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

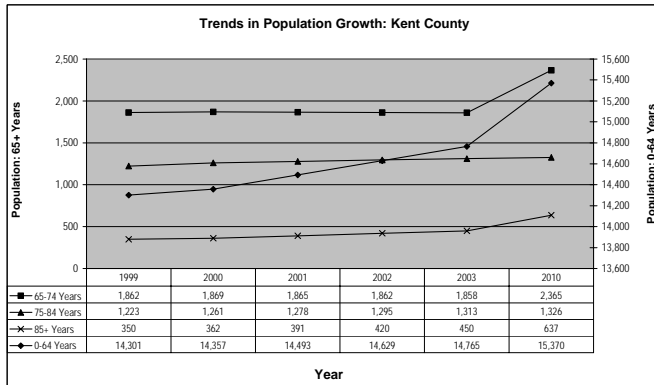
*Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Kent County

Population Characteristics



Population Change

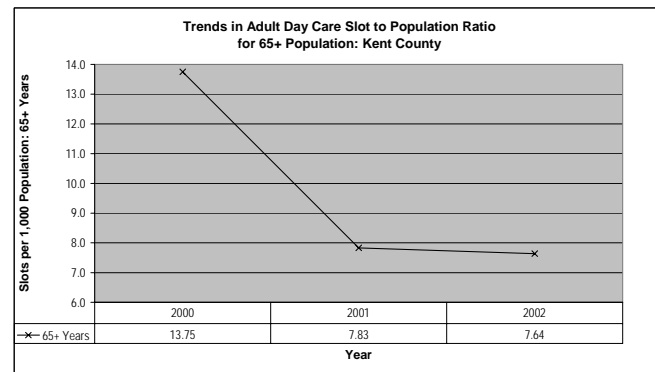
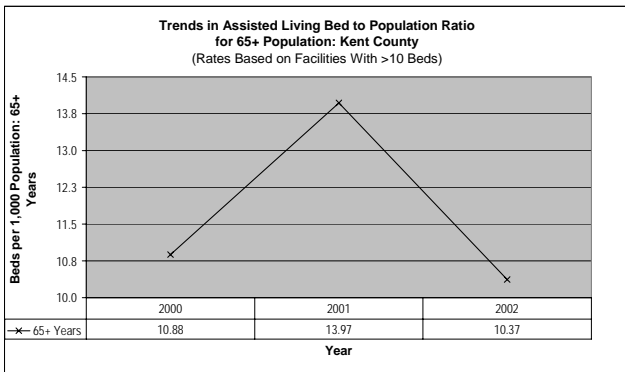
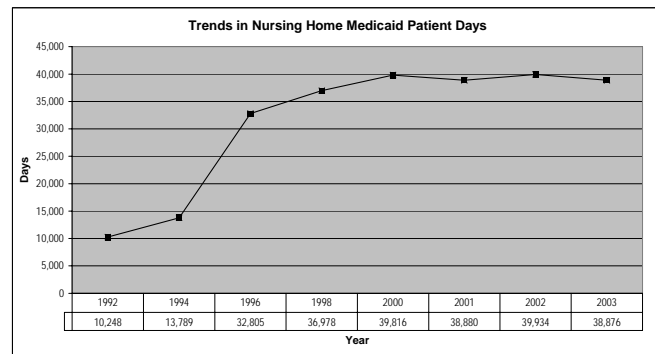
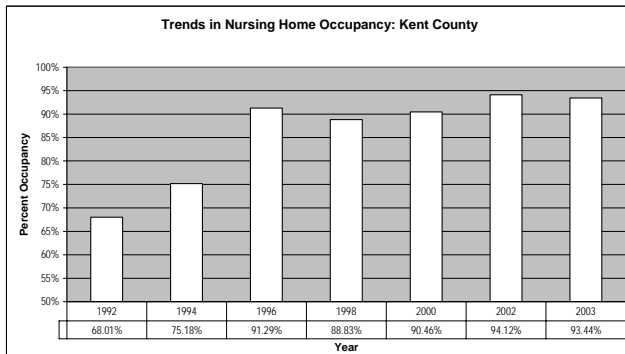
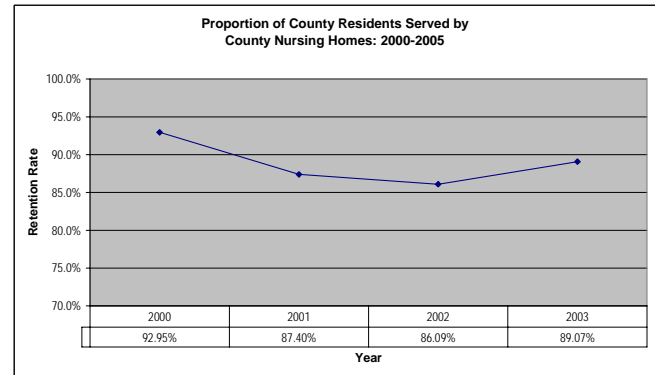
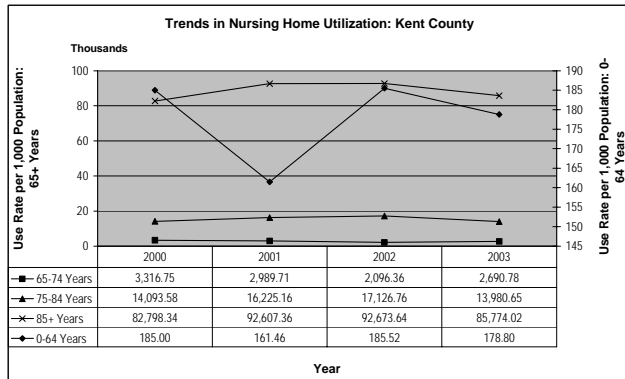
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Kent County	State	Kent County	State	Kent County	State
0-64 Years	3.2%	8.8%	4.1%	2.4%	17.7%	11.5%
65-74 Years	-0.2%	1.3%	27.3%	18.7%	82.5%	20.2%
75-84 Years	7.3%	27.4%	1.0%	-1.3%	44.5%	25.73%
85+ Years	28.5%	37.1%	41.7%	19.7%	89.0%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	214	0	0	0	214
Assisted Living*	64	N/A	N/A	N/A	64
Adult Day Care**	28	N/A	N/A	N/A	28

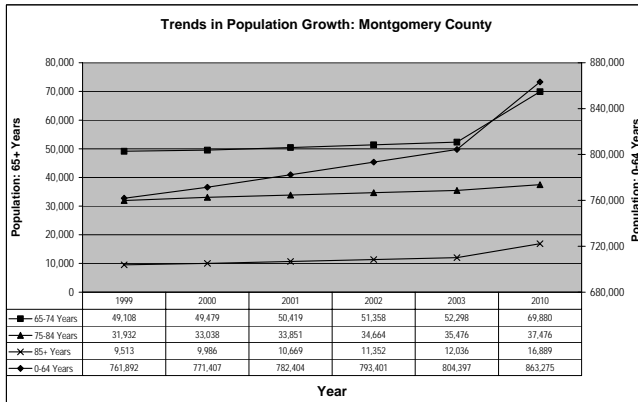
* Assisted Living Inventory includes all licensed assisted living beds; OHCD Inventory date is March 2005
 Includes all assisted living facilities regardless of bed size.
 ** Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Montgomery County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Montgomery County	State	Montgomery County	State	Montgomery County	State
0-64 Years	5.6%	8.8%	7.3%	2.4%	13.3%	11.5%
65-74 Years	6.5%	1.3%	33.6%	18.7%	42.3%	20.2%
75-84 Years	11.1%	27.4%	5.6%	-1.3%	17.4%	25.73%
85+ Years	26.5%	37.1%	40.3%	19.7%	77.5%	69.21%

Long Term Care Services Inventory

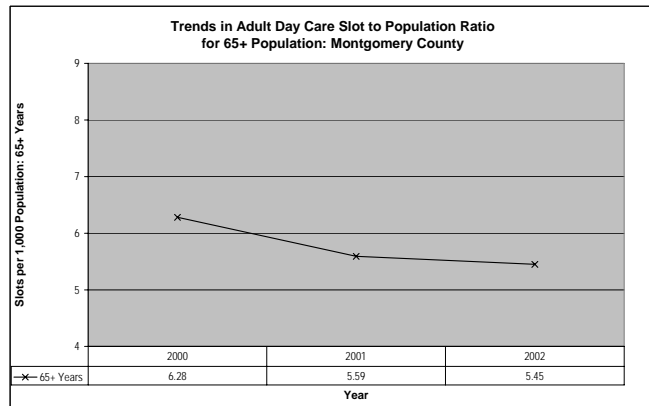
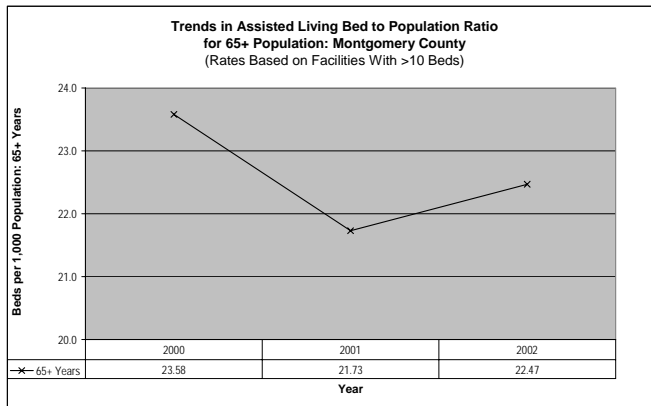
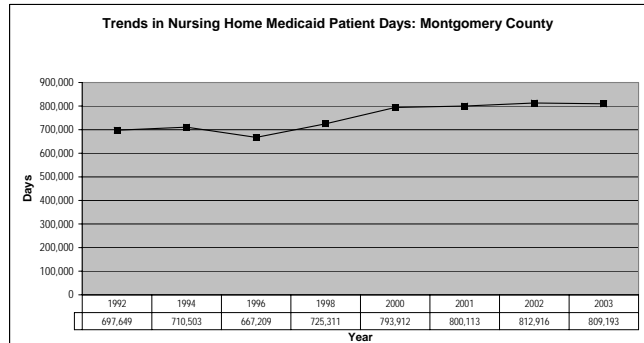
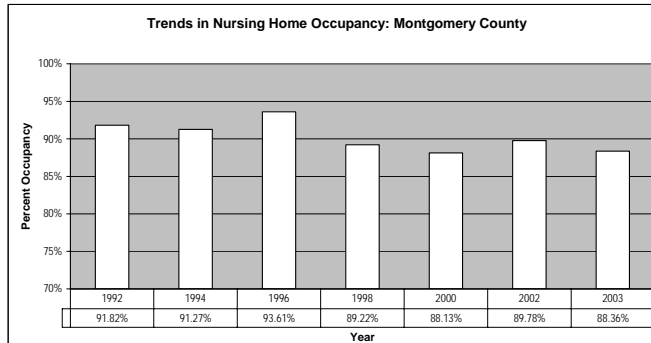
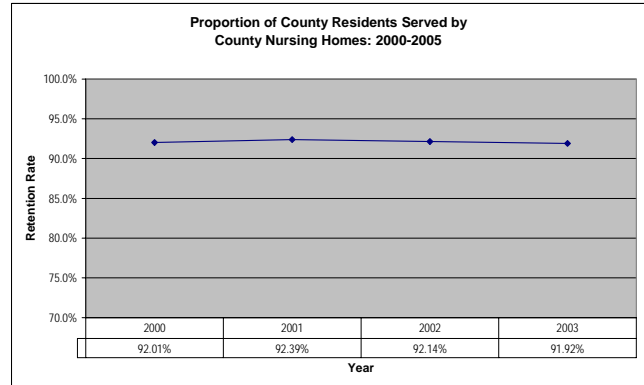
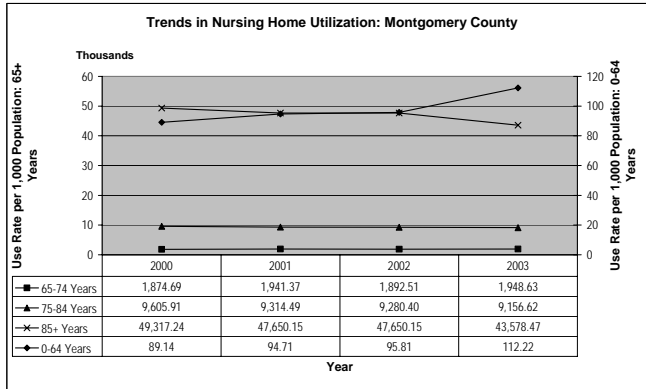
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	4,709	114	0	60	4,883
Assisted Living*	2,798	N/A	N/A	N/A	2,798
Adult Day Care**	531	N/A	N/A	N/A	531

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

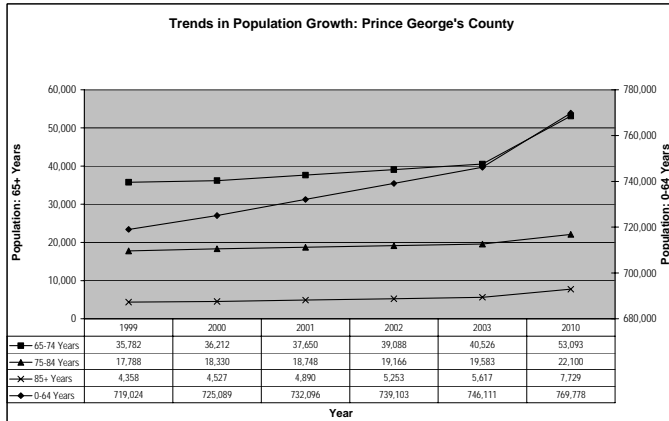
**Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Prince George's County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Prince George's County	State	Prince George's County	State	Prince George's County	State
0-64 Years	3.8%	8.8%	3.2%	2.4%	7.1%	11.5%
65-74 Years	13.3%	1.3%	31.0%	18.7%	48.4%	20.2%
75-84 Years	10.1%	27.4%	12.9%	-1.3%	24.2%	25.73%
85+ Years	28.9%	37.1%	37.6%	19.7%	77.4%	69.21%

Long Term Care Services Inventory

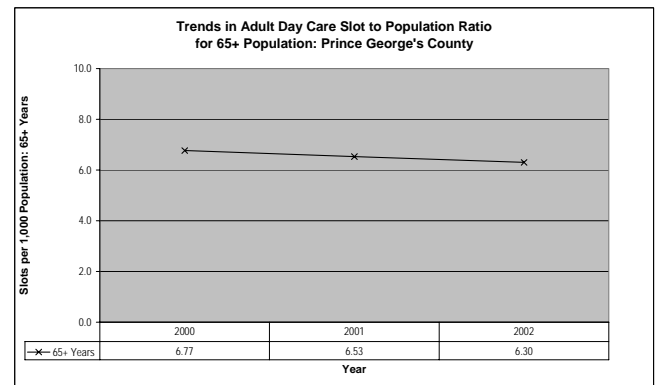
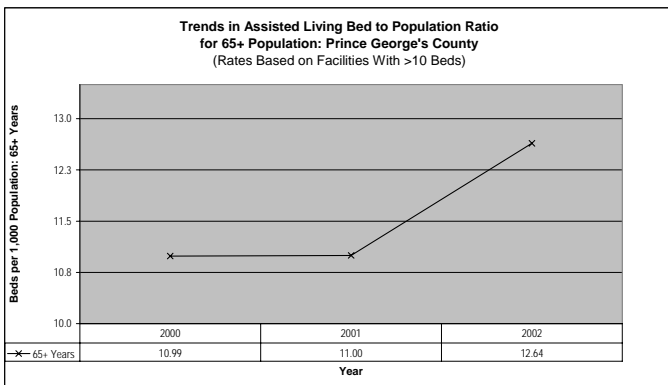
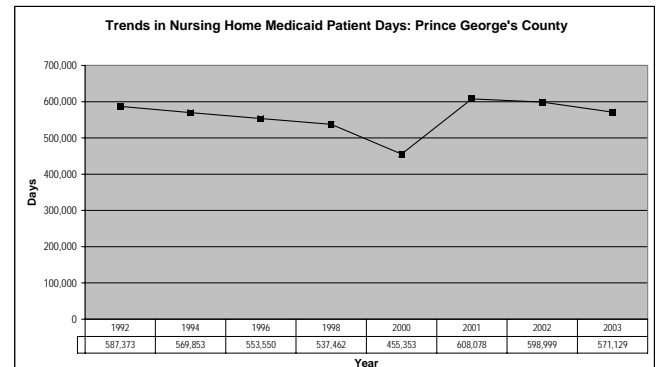
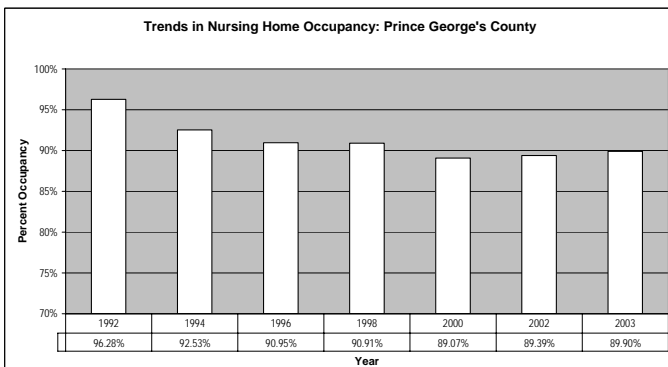
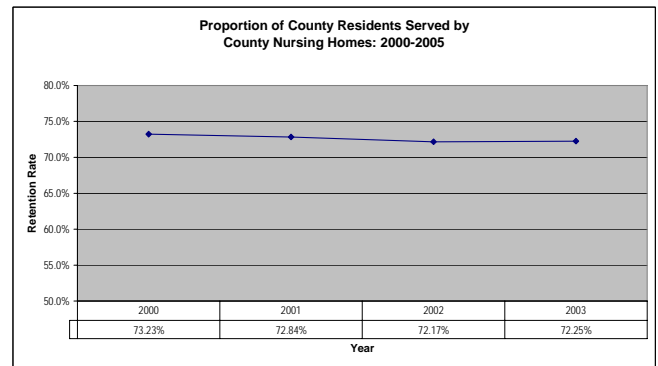
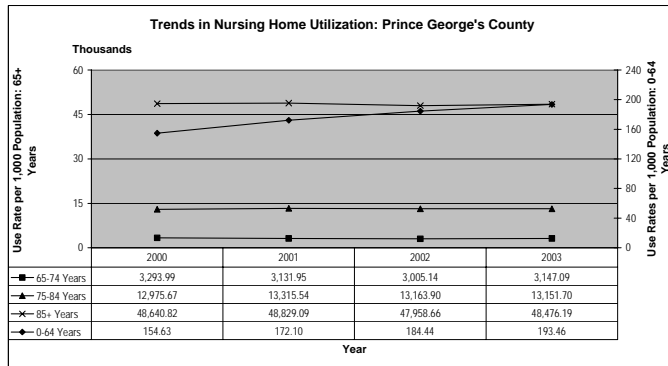
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	2,870	0	0	25	2,895
Assisted Living*	1,808	N/A	N/A	N/A	1,808
Adult Day Care*	343	N/A	N/A	N/A	343

*Assisted Living Inventory includes all licensed assisted living beds. OHCC Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

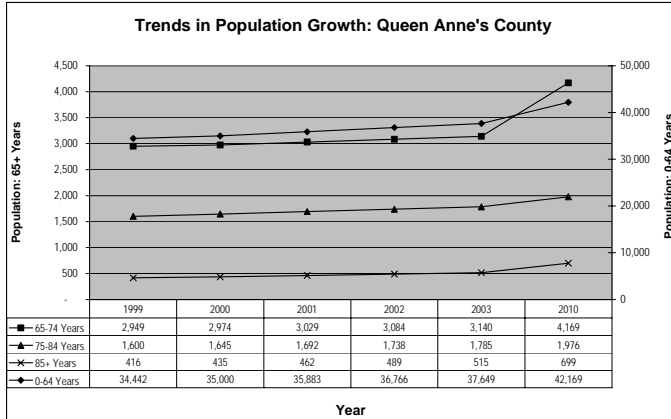
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Queen Anne's County

Population Characteristics



Population Change

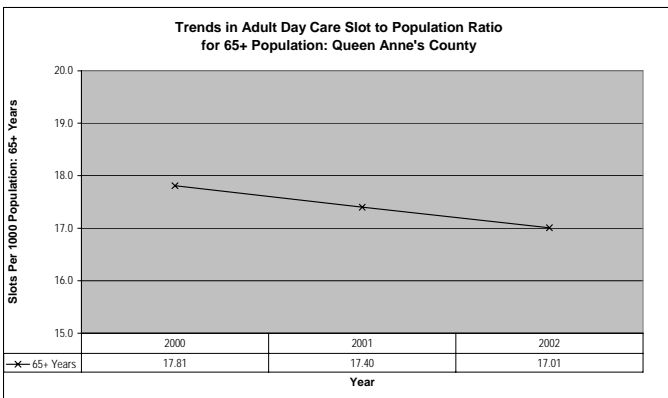
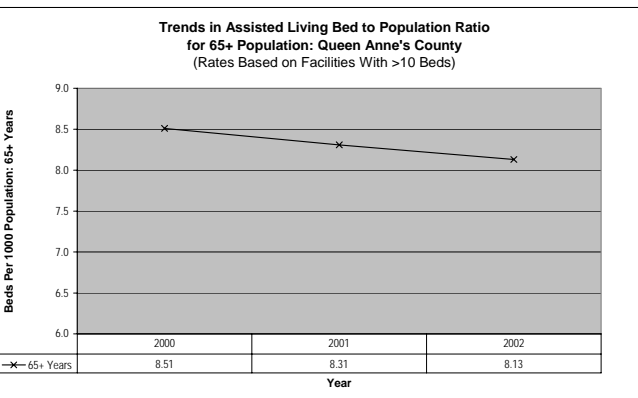
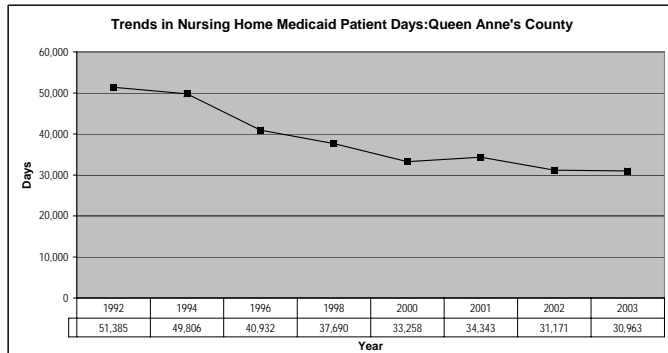
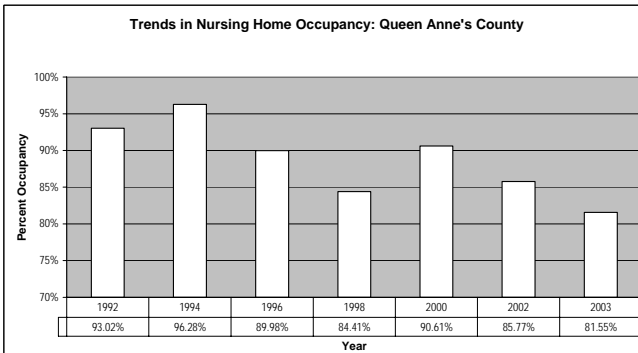
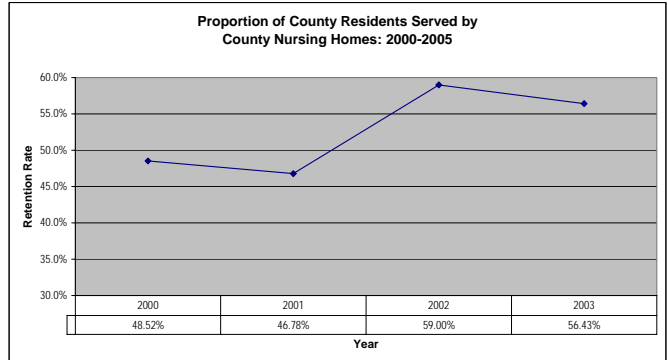
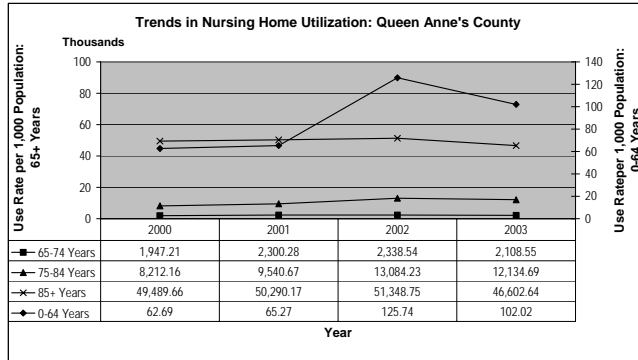
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Queen Anne's County	State	Queen Anne's County	State	Queen Anne's County	State
0-64 Years	9.3%	8.8%	12.0%	2.4%	22.4%	11.5%
65-74 Years	6.5%	1.3%	32.8%	18.7%	41.4%	20.2%
75-84 Years	11.6%	27.4%	10.7%	-1.3%	23.5%	25.73%
85+ Years	23.9%	37.1%	35.6%	19.7%	68.0%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	150	0	0	0	150
Assisted Living*	59	N/A	N/A	N/A	59
Adult Day Care**	90	N/A	N/A	N/A	90

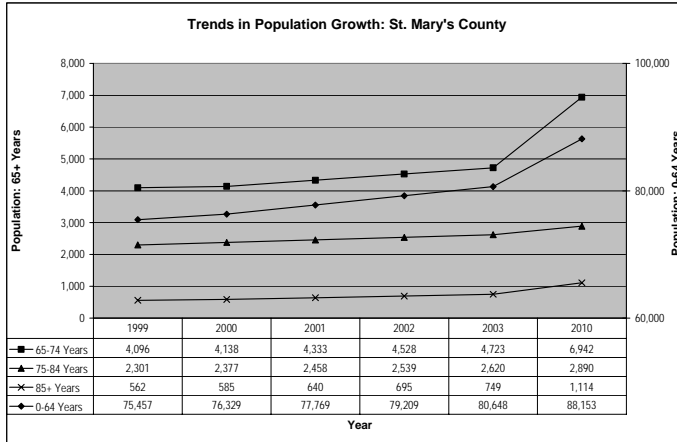
*Assisted Living Inventory includes all licensed assisted living beds; OHCC Inventory date is March 2005
 **Includes all assisted living facilities regardless of bed size.
 **Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



St. Mary's County

Population Characteristics



Population Change

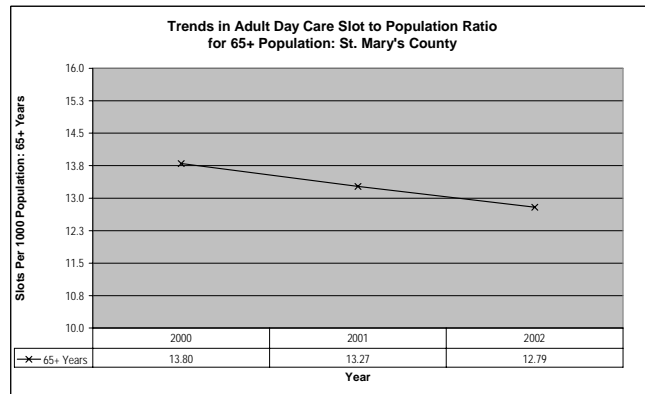
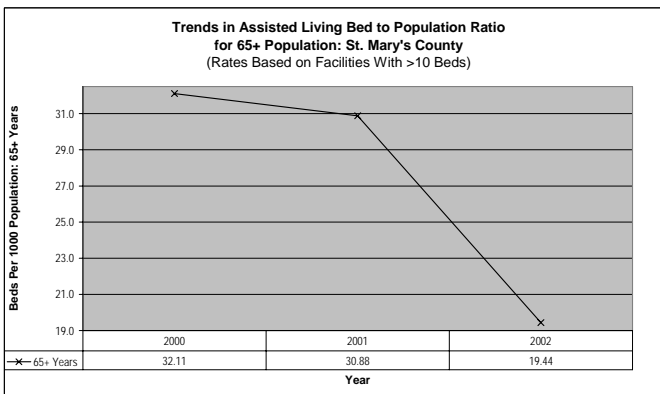
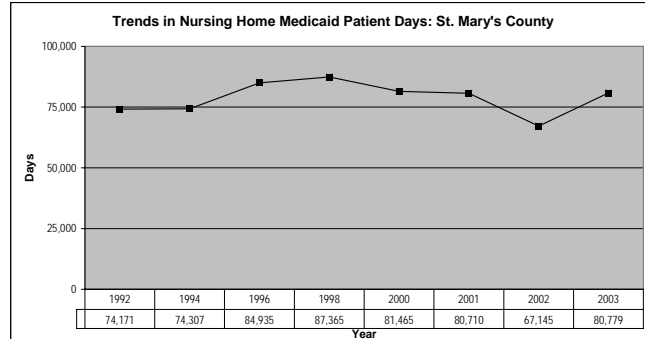
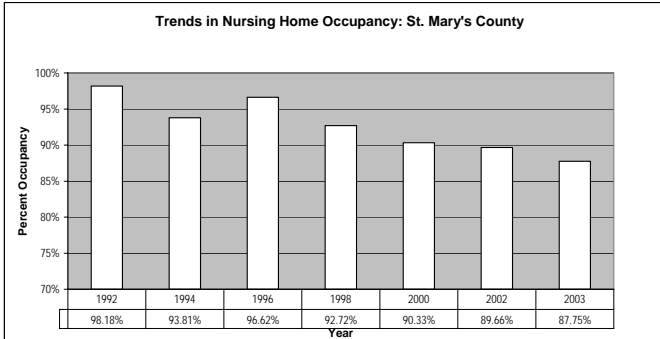
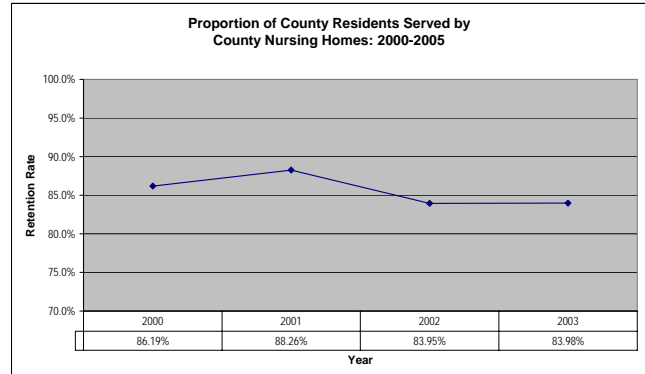
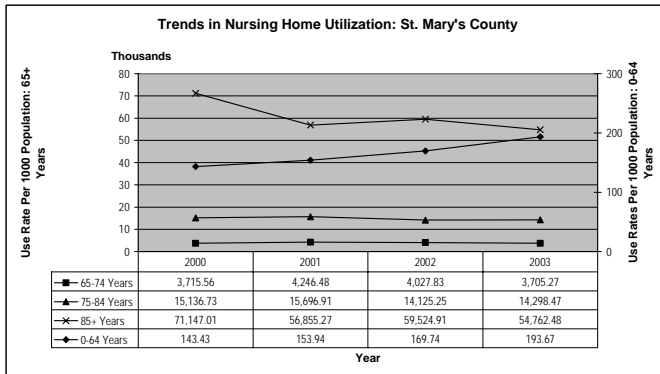
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	St. Mary's County	State	St. Mary's County	State	St. Mary's County	State
0-64 Years	6.9%	8.8%	9.3%	2.4%	16.8%	11.5%
65-74 Years	15.3%	1.3%	47.0%	18.7%	69.5%	20.2%
75-84 Years	13.9%	27.4%	10.3%	-1.3%	25.6%	25.73%
85+ Years	33.3%	37.1%	48.7%	19.7%	98.2%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	332	15	0	0	337
Assisted Living*	166	N/A	N/A	N/A	166
Adult Day Cares	98	N/A	N/A	N/A	98

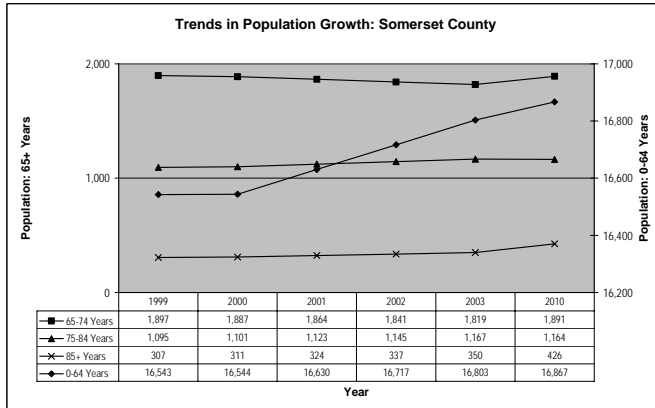
*Assisted Living inventory includes all licensed assisted living beds. OHCO inventory date is March 2005.
 Includes all assisted living facilities regardless of bed size.
 **Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005.

Characteristics of Long Term Care Utilization



Somerset County

Population Characteristics



Population Change

	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
Age	Somerset County	State	Somerset County	State	Somerset County	State
0-64 Years	1.6%	8.8%	0.4%	2.4%	2.0%	11.5%
65-74 Years	-4.1%	1.3%	4.0%	18.7%	-0.3%	20.2%
75-84 Years	6.6%	27.4%	-0.3%	-1.3%	6.3%	25.73%
85+ Years	14.0%	37.1%	21.7%	19.7%	38.8%	69.21%

Long Term Care Services Inventory

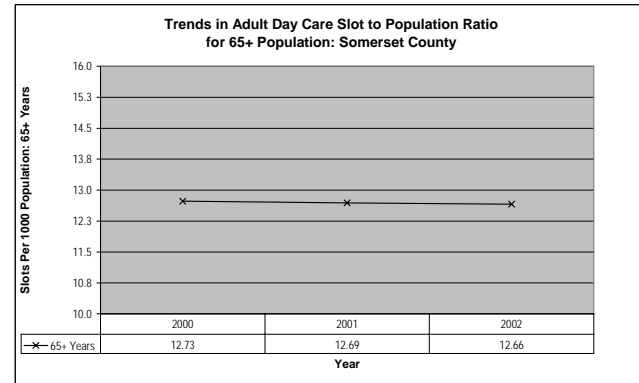
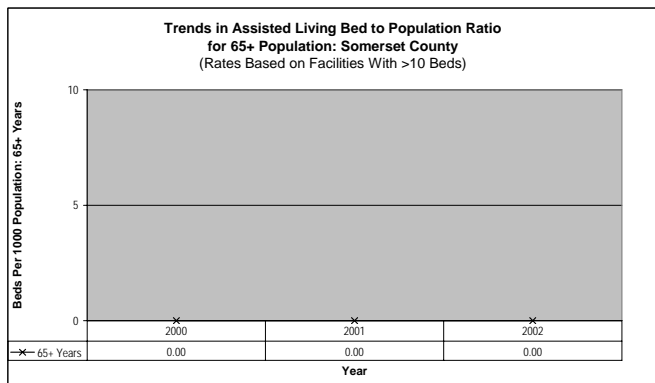
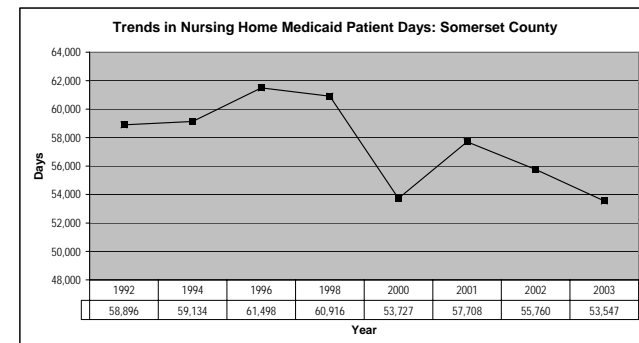
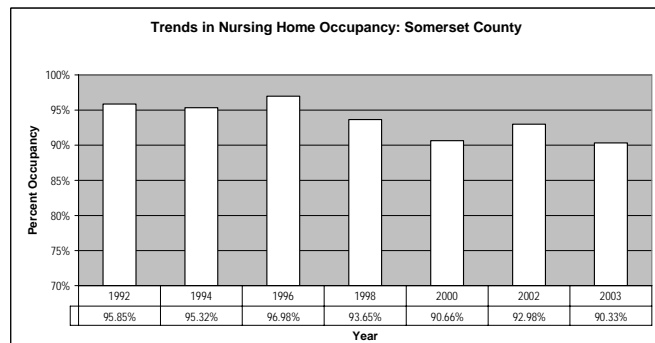
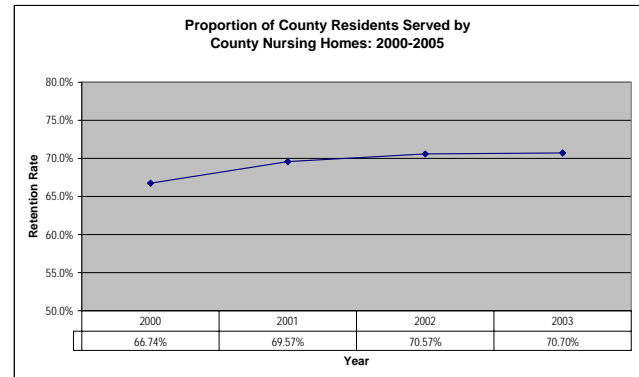
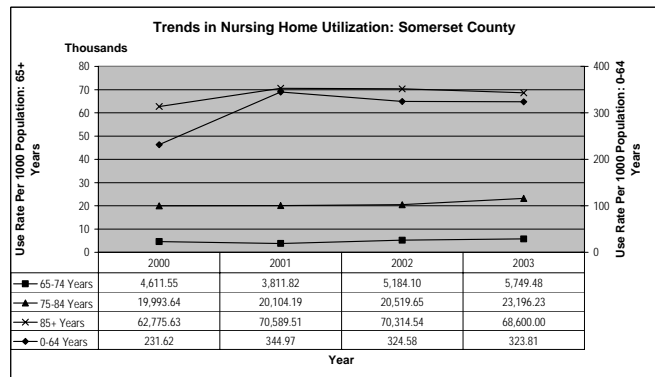
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	204	0	0	3	207
Assisted Living*	10	N/A	N/A	N/A	10
Adult Day Care*	42	N/A	N/A	N/A	42

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

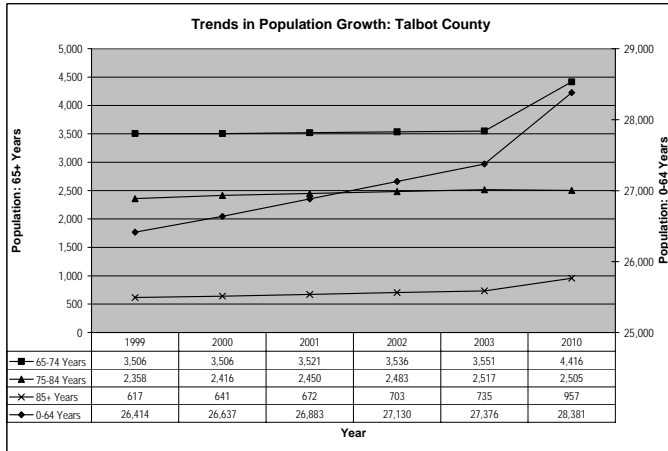
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey: Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Talbot County

Population Characteristics



Population Change

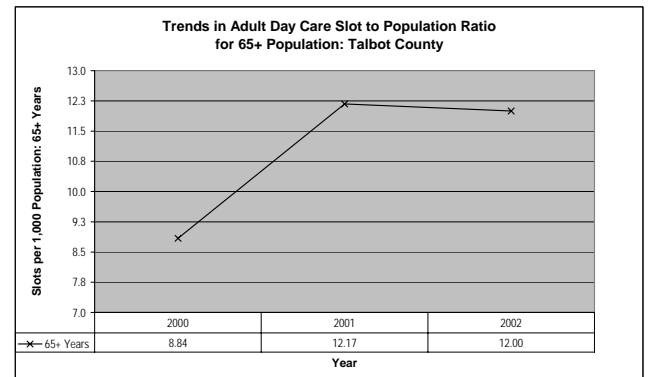
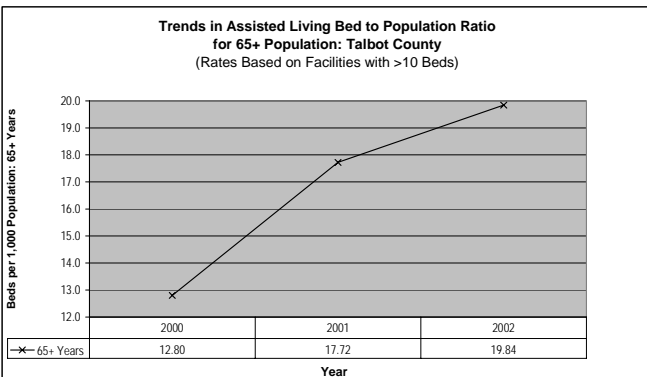
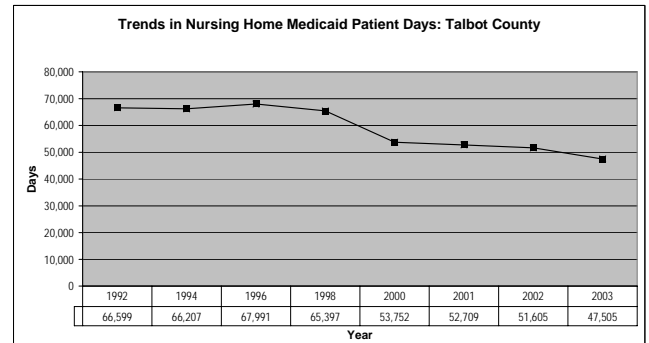
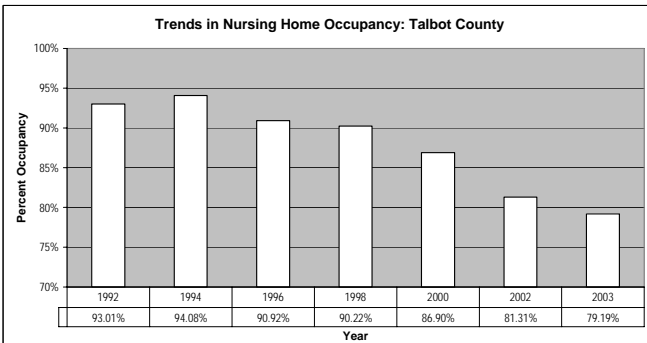
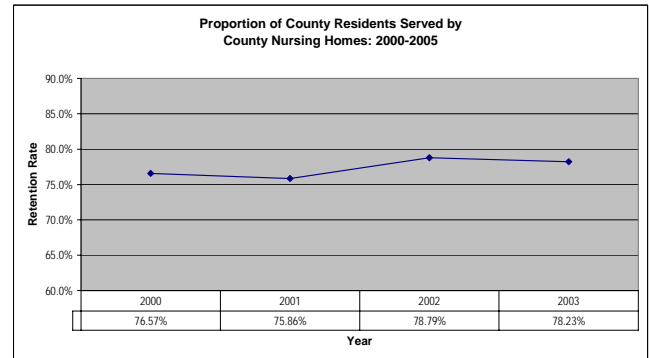
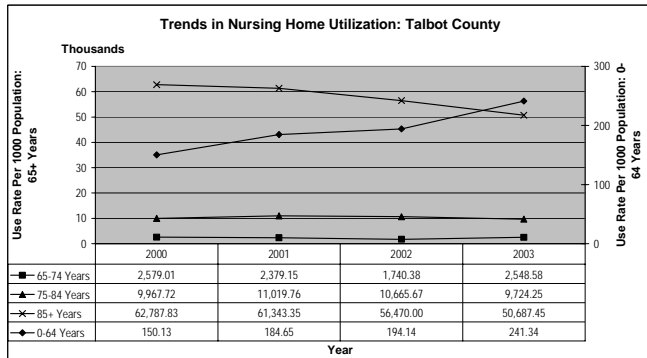
	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
Age	Talbot County	State	Talbot County	State	Talbot County	State
0-64 Years	3.6%	8.8%	3.7%	2.4%	7.4%	11.5%
65-74 Years	1.3%	1.3%	24.4%	18.7%	26.0%	20.2%
75-84 Years	6.7%	27.4%	-0.5%	-1.3%	6.2%	25.73%
85+ Years	19.1%	37.1%	30.3%	19.7%	55.1%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	344	0	0	0	344
Assisted Living*	160	N/A	N/A	N/A	160
Adult Day Care	81	N/A	N/A	N/A	81

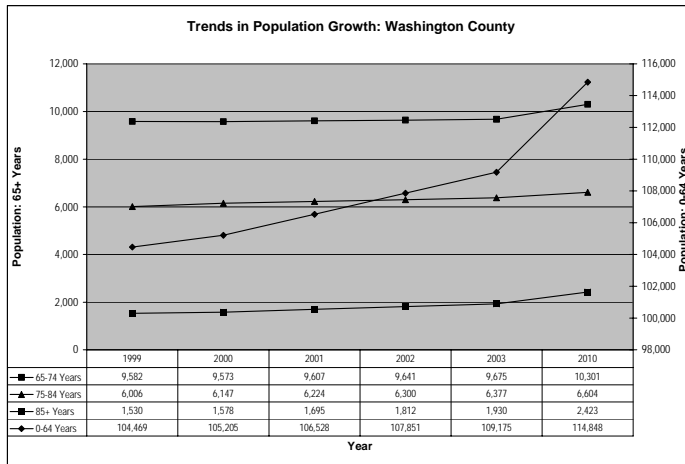
*Assisted Living Inventory includes all licensed assisted living beds; OHCO Inventory date is March 2005
Includes all assisted living facilities regardless of bed size.
*Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Washington County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Washington County	State	Washington County	State	Washington County	State
0-64 Years	4.5%	8.8%	5.2%	2.4%	9.9%	11.5%
65-74 Years	1.0%	1.3%	6.5%	18.7%	7.5%	20.2%
75-84 Years	6.2%	27.4%	3.6%	-1.3%	10.0%	25.73%
85+ Years	26.1%	37.1%	25.6%	19.7%	58.4%	69.21%

Long Term Care Services Inventory

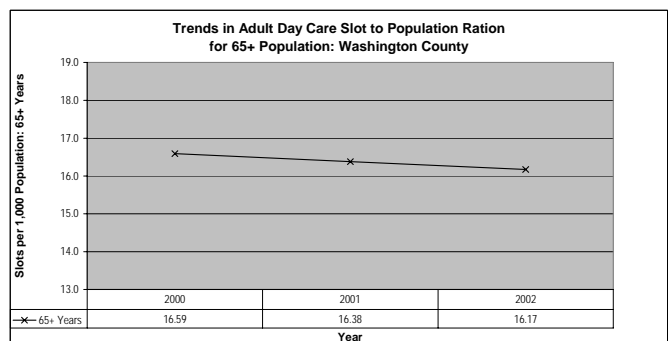
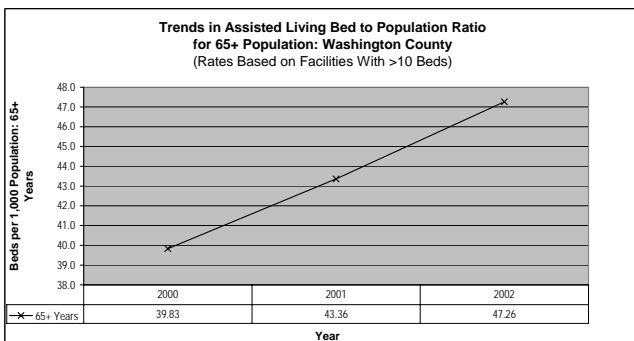
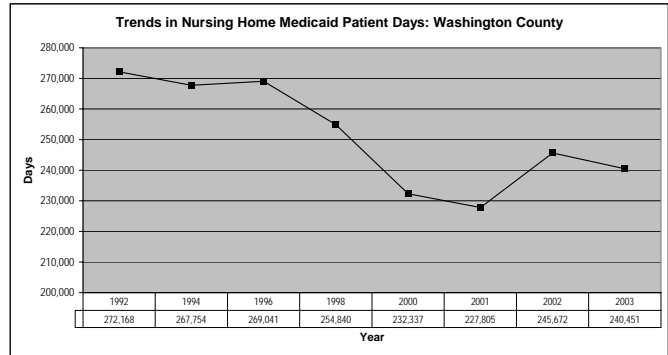
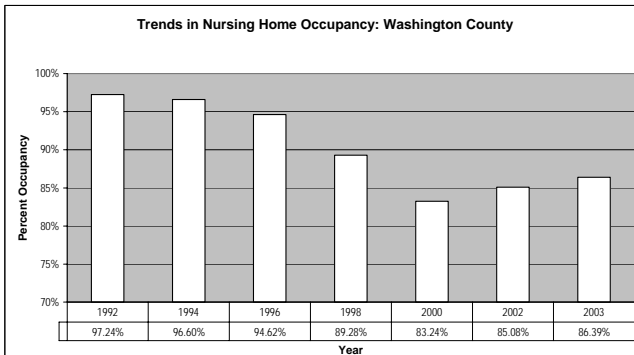
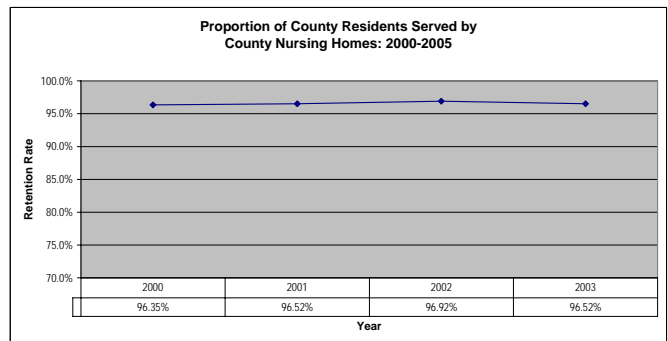
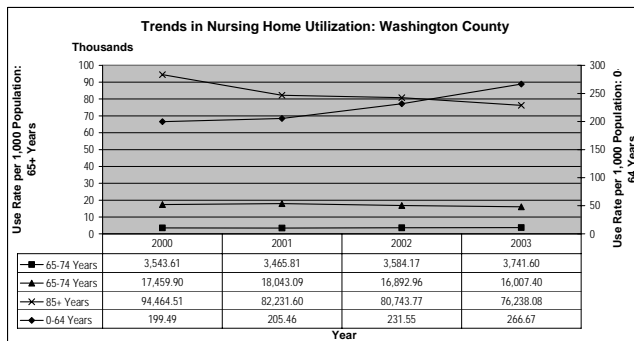
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	1,150	89	0	6	1,245
Assisted Living*	868	N/A	N/A	N/A	868
Adult Day Care**	276	N/A	N/A	N/A	276

*Assisted Living Inventory includes all licensed assisted living beds. OHCC Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

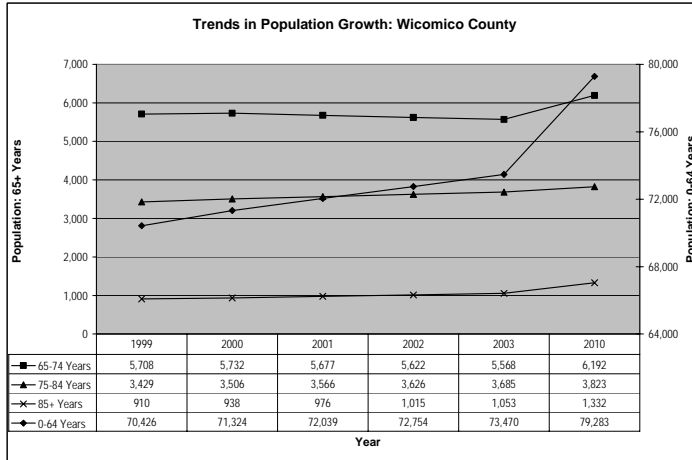
**Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Wicomico County

Population Characteristics



Population Change

Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Wicomico County	State	Wicomico County	State	Wicomico County	State
0-64 Years	4.3%	8.8%	7.9%	2.4%	12.6%	11.5%
65-74 Years	-2.5%	1.3%	11.2%	18.7%	8.5%	20.2%
75-84 Years	7.5%	27.4%	3.7%	-1.3%	11.5%	25.73%
85+ Years	15.7%	37.1%	26.5%	19.7%	46.4%	69.21%

Long Term Care Services Inventory

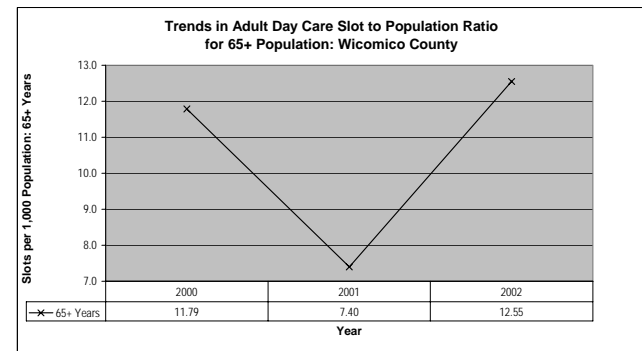
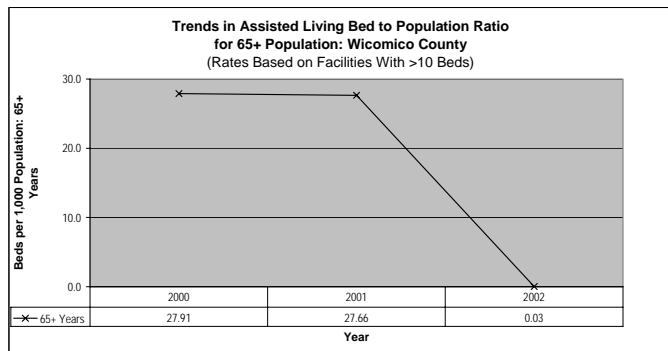
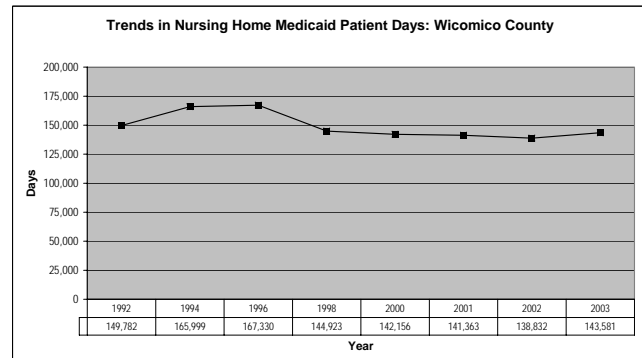
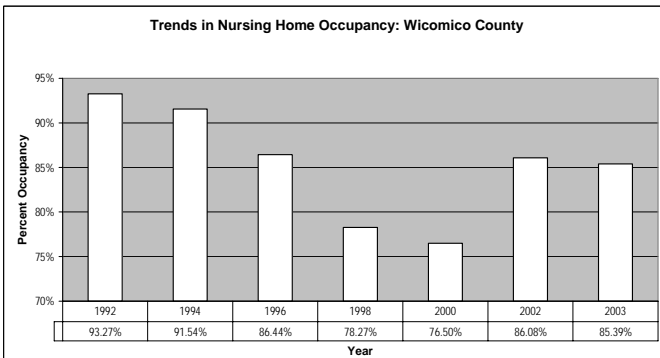
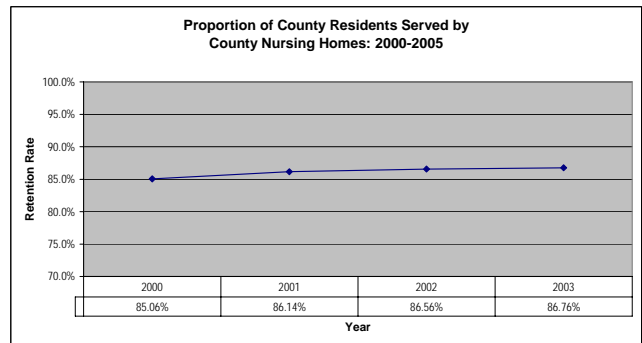
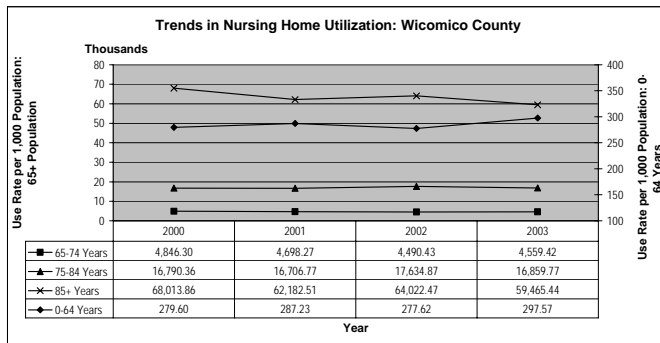
	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	643	0	0	0	643
Assisted Living*	373	N/A	N/A	N/A	373
Adult Day Care**	130	N/A	N/A	N/A	130

*Assisted Living Inventory includes all licensed assisted living beds. OHCO Inventory date is March 2005

Includes all assisted living facilities regardless of bed size.

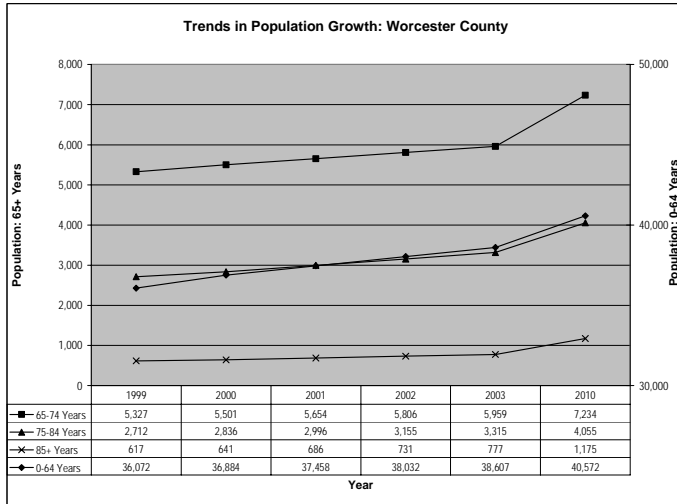
**Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Worcester County

Population Characteristics



Population Change

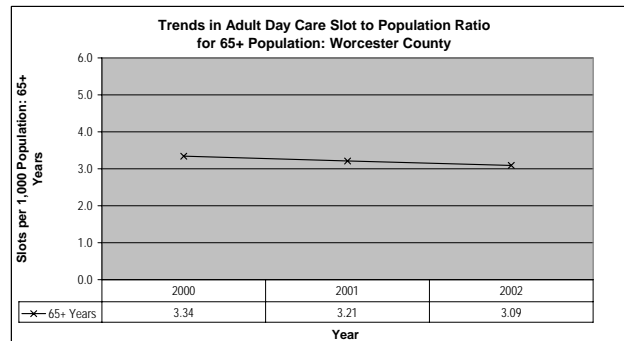
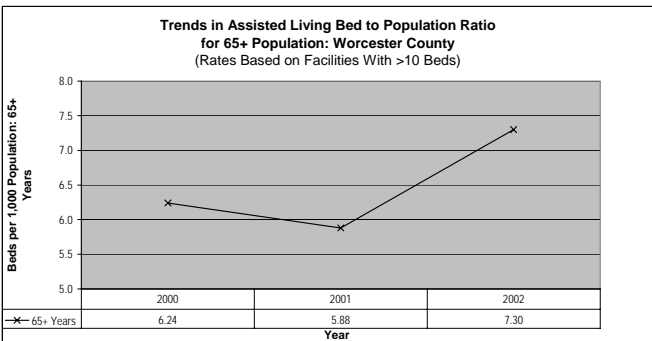
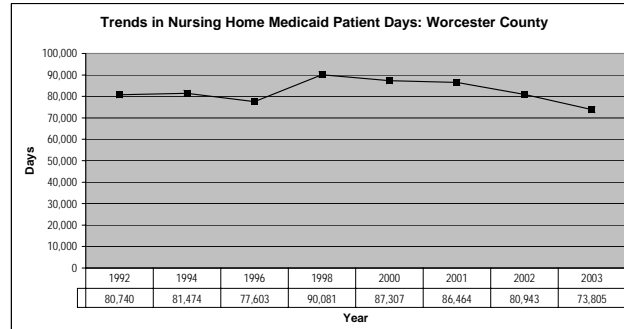
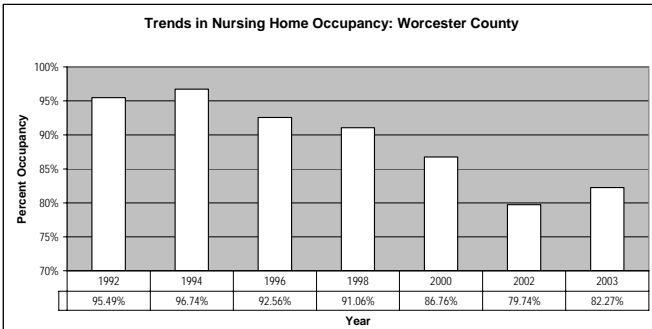
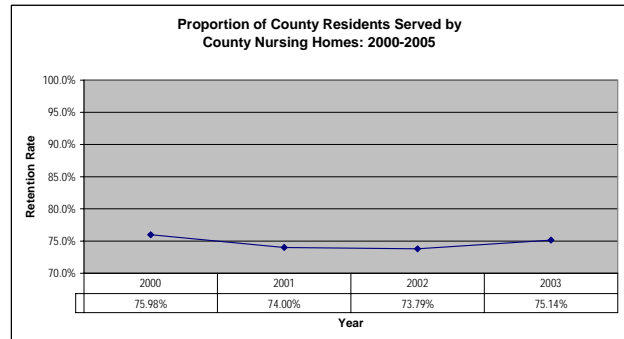
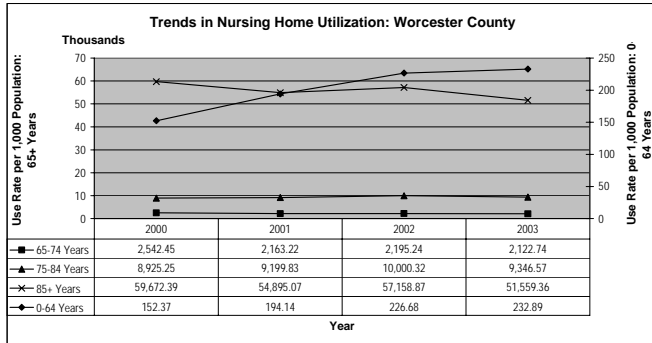
Age	Population Change: 1999-2003		Population Change: 2003-2010		Total Population Change: 1999-2010	
	Worcester County	State	Worcester County	State	Worcester County	State
0-64 Years	7.0%	8.8%	5.1%	2.4%	12.5%	11.5%
65-74 Years	11.9%	1.3%	21.4%	18.7%	35.8%	20.2%
75-84 Years	22.2%	27.4%	22.3%	-1.3%	49.5%	25.73%
85+ Years	25.9%	37.1%	51.3%	19.7%	90.4%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	319	23	2	0	344
Assisted Living*	122	N/A	N/A	N/A	122
Adult Day Care*	30	N/A	N/A	N/A	30

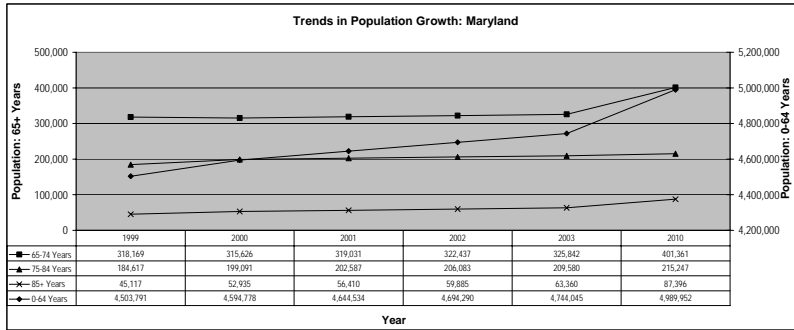
*Assisted Living Inventory includes all licensed assisted living beds. OHQ Inventory date is March 2005
 Includes all assisted living facilities regardless of bed size.
 *Adult Day Care inventory source is the 2003 Maryland Long Term Care Survey. Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization



Maryland

Population Characteristics



Population Change

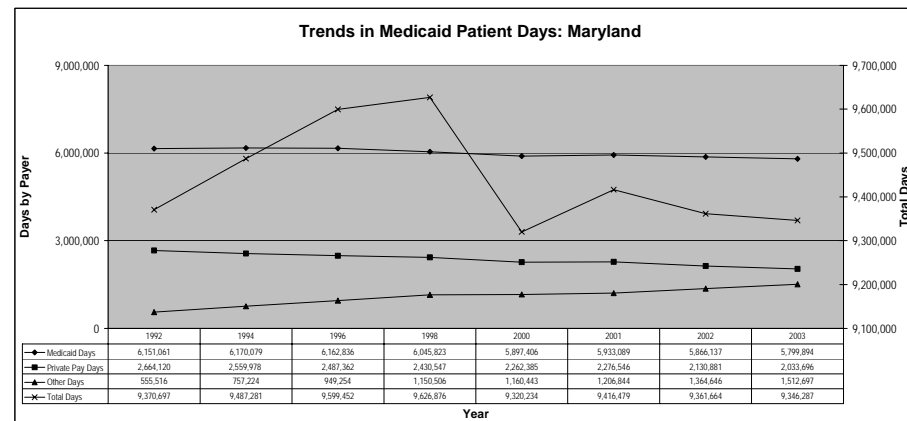
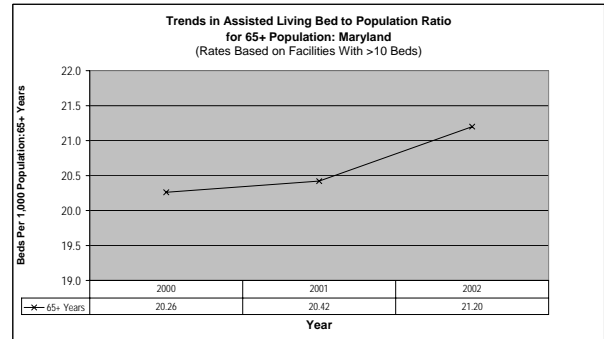
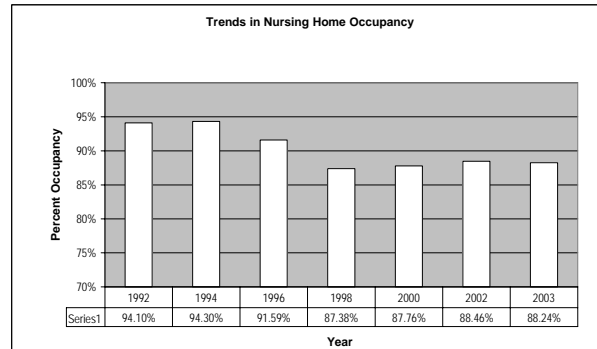
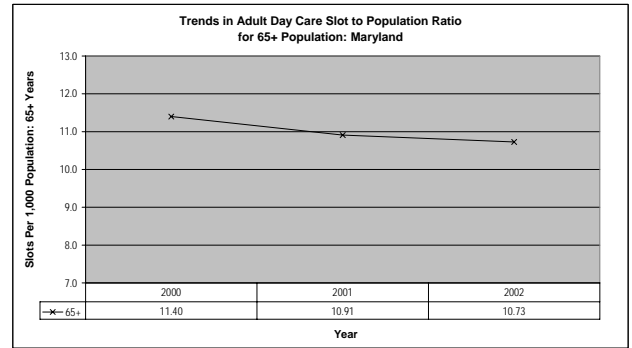
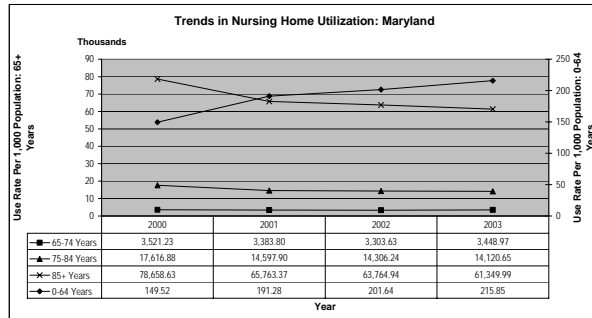
Age	Population Change: 1999-2003	Population Change: 2003-2010	Total Population Change: 1999-2010
0-64 Years	8.8%	2.4%	11.5%
65-74 Years	1.3%	18.7%	20.2%
75-84 Years	27.4%	-1.3%	25.73%
85+ Years	37.1%	19.7%	69.21%

Long Term Care Services Inventory

	Licensed Beds/Slots	Temp Delicensed Beds	CON-Approved Beds	Waiver Beds	Total Beds/Slots
Nursing Home	28,530	972	150	447	30,100
Assisted Living*	18,392	N/A	N/A	N/A	18,392
Adult Day Care**	6,096	N/A	N/A	N/A	6,096

*Assisted Living Inventory includes all licensed assisted living beds; OHCO Inventory date is March 2005
 **Includes all assisted living facilities regardless of bed size.
 **Adult Day Care Inventory source is the 2003 Maryland Long Term Care Survey; Nursing home bed inventory from MHCC records as of January 1, 2005

Characteristics of Long Term Care Utilization





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